

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5613

FILED MAR 4 1955

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3046</u>		Registrar's No. <u>11</u>					
1. PLACE OF DEATH a. COUNTY <u>Moniteau</u> 1				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California Walker</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>California</u>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>0680</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>HAZEL</u>			b. (Middle) <u>ELIZABETH</u>			c. (Last) <u>DAHLER</u>					
4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>24</u> (Year) <u>1955</u>											
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Sept. 28 1906</u>					
9. AGE (In years last birthday) <u>48</u>		10. MONTHS <u>4</u>		11. DAYS <u>26</u>		12. IF UNDER 14 HRS. Hours   Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hygienist</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Columbia Mo. 0</u>					
13a. FATHER'S NAME <u>John Dahler</u>				13b. MOTHER'S MAIDEN NAME <u>Millie Roesech</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-10-3313</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Dahler</u>		ADDRESS <u>California Mo</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION							
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u></p> <p>INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u></p> <p>ANTECEDENT CAUSES</p> <p>DUE TO (b) <u>Chronic Glomerular Nephritis</u> <u>5+ years</u></p> <p>DUE TO (c) <u>Chronic Myocarditis with myocardial degeneration</u> <u>2 months+</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>											
				19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>California Moniteau Mo</u>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>592X</u>							
22. I hereby certify that I attended the deceased from <u>5-26</u> , 19 <u>52</u> , to <u>2-24</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2-23</u> , 19 <u>55</u> , and that death occurred at <u>7:45 a.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>R.B. Julek, M.D.</u>				23b. ADDRESS <u>506 California, Mo</u>		23c. DATE SIGNED <u>2-25-55</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-26-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>California Mo</u>					
DATE REC'D BY LOCAL REG. <u>2-27-55</u>		REGISTRAR'S SIGNATURE <u>H.L. Popejoy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh E. Williams</u>		ADDRESS <u>California Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Can be dry at 11:00 AM

MAR 4 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Hugh E. Williams*

Licensed Embalmer No. *3537*

P. O. Address *California*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.