

FILED JUN 3 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15345

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 83 PRIMARY REG. DIST. NO. 5321 Registrar's No. 9

|  |                                   |   |  |
|--|-----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY Cooper  |                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Mo. b. COUNTY Moniteau |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN rural So. Moniteau | c. LENGTH OF STAY (in this place) | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN rural                                     |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5 mi. N. of Clarkshy Mo. B                                 |                                   | d. STREET ADDRESS (If rural, give location)<br>3 mi. S.W. of Clarkshy   |  |

|   |  |
|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Donald b. (Middle) WEDGE c. (Last) DAHLSTEIN | 4. DATE OF DEATH (Month) (Day) (Year) 5 8 49 |
|---|--|

|             |                        |   |                               |                                    |                          |                           |      |
|-------------|------------------------|---|-------------------------------|------------------------------------|--------------------------|---------------------------|------|
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single | 8. DATE OF BIRTH Oct 13, 1931 | 9. AGE (In years last birthday) 17 | IF UNDER 1 YEAR Months 6 | IF UNDER 24 HRS. Hours 23 | Min. |
|-------------|------------------------|---|-------------------------------|------------------------------------|--------------------------|---------------------------|------|

|   |                                   |  |                                     |
|---|-----------------------------------|--|-------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer worker | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Moniteau Co. Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|---|-----------------------------------|--|-------------------------------------|

|                                    |  |                             |
|------------------------------------|--|-----------------------------|
| 13a. FATHER'S NAME Henry Dahlstein | 13b. MOTHER'S MAIDEN NAME Elizabeth Bonnie | 14. NAME OF HUSBAND OR WIFE |
|------------------------------------|--|-----------------------------|

|  |                              |   |                      |
|--|------------------------------|---|----------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Henry Dahlstein | ADDRESS Clarkshy Mo. |
|--|------------------------------|---|----------------------|

|   |   |                     |   |
|---|---|---------------------|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |                     | INTERVAL BETWEEN ONSET AND DEATH<br><br>E 924-1<br><br>42 |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation   | DUE TO (b) Drowning |   |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                     |   |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|---|

|  |   |  |
|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accidents | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Cooper | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mo |
|--|---|--|

|   |   |                                     |    |
|---|---|-------------------------------------|----|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 8 1949 m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Drowning | 27 |
|---|---|-------------------------------------|----|

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|   |                                     |                          |
|---|-------------------------------------|--------------------------|
| 23a. SIGNATURE (Degree) (title) M. Decker | 23b. ADDRESS 150 Carson Bonville Mo | 23c. DATE SIGNED 5/10/49 |
|---|-------------------------------------|--------------------------|

|  |                   |  |   |
|--|-------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 5-11-49 | 24c. NAME OF CEMETERY OR CREMATORY Evangelical | 24d. LOCATION (City, town, or county) (State) California Mo |
|--|-------------------|--|---|

|                                  |                                      |   |                       |
|----------------------------------|--------------------------------------|---|-----------------------|
| DATE REC'D BY LOCAL REG. 5/19/49 | REGISTRAR'S SIGNATURE V. T. Meredith | 25. FUNERAL DIRECTOR'S SIGNATURE A. E. Wilson | ADDRESS California Mo |
|----------------------------------|--------------------------------------|---|-----------------------|

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

279

JUN 2 REC'D

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-2-49

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.

Signed

A. E. Wilson

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No.

2351

P. O. Address

California Mo.

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 this body is not embalmed, fact should be so stated above.