

FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3592

040  
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BIRTH NO. 5692-50 REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6162 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <i>Stone Co. Ruth Sp.</i>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>mo</i> b. COUNTY <i>Stone</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural, Ruth Sp</i>		c. LENGTH OF STAY (in this place) <i>3 hrs</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Ruth Sp 104</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <i>Donnie</i> b. (Middle) <i>Lee</i> c. (Last) <i>Froble</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>June 11 1950</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>never married</i>	8. DATE OF BIRTH <i>June 10 1950</i>		9. AGE (Years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min. <i>3 5</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (State or foreign country) <i>mo 0</i>		12. CITIZEN OF WHAT COUNTRY? <i>us</i>
13a. FATHER'S NAME <i>Fred Atchison</i>		13b. MOTHER'S MAIDEN NAME <i>Bessie B Froble</i>		14. NAME OF HUSBAND OR WIFE <i>Froble</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs Earl Froble Reeds Spring Mo</i>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Premature Birth 7th mo.</i> INTERVAL BETWEEN ONSET AND DEATH <i>3 hrs</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Sawed wood, day before conf.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9 PM 1/10, 1950</i> to <i>12 PM 1/11, 1950</i> , that I last saw the deceased alive on <i>1/10, 1950</i> , and that death occurred at <i>12:05 AM 1/11, 1950</i> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>D. S. Shumate M.D.</i>			23b. ADDRESS <i>Reeds Spring Mo</i>		23c. DATE SIGNED <i>1/11/50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>1/11/50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>On Atchison Farm</i>		24d. LOCATION (City, town, or county) (State) <i>Ruth Sp Stone Co Mo</i>	
DATE REC'D BY LOCAL REG. <i>1-11-50</i>	REGISTRAR'S SIGNATURE <i>Mrs J. Colmer Brown 317</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Elmer Atchison (acting) Reeds Spring Mo</i>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 8 1950  
District Health Office No. 6,  
District File Number 250-201  
Date Filed 2-10-50

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**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.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.