

FILED APR 24 1950

STANDARD CERTIFICATE OF DEATH

13595

State File No. ....

BIRTH NO. 22105-50 REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 3033 Registrar's No. 264

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before ad. in lon.) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY OR TOWN <u>Lebanon</u>		c. CITY OR TOWN <u>Stoutland - Auglaize</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>0530</u>	

3. NAME OF DECEASED (Type or Print) <u>Barbara Ann Honey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 10 1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>4-10-1950</u>	
9. AGE (In years last birthday) <u>0</u>		IF UNDER 1 YEAR Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u>	IF UNDER 60 MIN. Min. <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>✓</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				

13a. FATHER'S NAME <u>G. H. Honey</u>	13b. MOTHER'S MAIDEN NAME <u>Ruby Praddak</u>	14. NAME OF HUSBAND OR WIFE <u>G. H. Honey</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>—</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>G. H. Honey</u> ADDRESS <u>Stoutland</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>776X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature - 6 wks.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS 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 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 4-10, 1950, to 4-10, 1950, that I last saw the deceased alive on 4-10, 1950, and that death occurred at 8 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. B. Carlton M.D.</u>		23b. ADDRESS <u>Stoutland, Mo.</u>	23c. DATE SIGNED <u>4-10-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-11-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Honey Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Laclede County Mo.</u>
DATE REC'D BY LOCAL REG. <u>4-12-1950</u>	REGISTRAR'S SIGNATURE <u>Hella L. Day</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>None</u>	ADDRESS

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

Received APR 22 1950  
Laclede County Health Unit  
File No. 8-5-67  
Date Filed APR 22 1950

**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 .....  
Student Embalmer

*no*  
*Funeral Director*

Signed.....

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.