

FILED MAY 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15810

State File No. _____

BIRTH NO. 32505-50 REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Barry</u>	
b. CITY OR TOWN <u>Monett</u>		c. CITY OR TOWN <u>MONETT</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>8th St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Vincent Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Mary</u>	b. (Middle) <u>Elizabeth</u>	c. (Last) <u>Hebert</u>	(Month) <u>May</u>	(Day) <u>18</u>	(Year) <u>1950</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant 1</u>	8. DATE OF BIRTH <u>May 18 1950</u>		9. AGE (In years last birthday) <u>1</u> <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTH PLACE (State or foreign country) <u>Monett, Missouri</u>	
13a. FATHER'S NAME <u>Samuel J. Hebert</u>			13b. MOTHER'S MAIDEN NAME <u>Areatha Lehme</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	
				<u>Samuel J. Hebert</u>		<u>Monett Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>respiratory failure</u>		DUE TO (b) <u>22 weeks premature infant</u>				<u>16</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>7735</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) m.	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 5-18, 1950, to 5-18, 1950, that I last saw the deceased alive on 5-18, 1950, and that death occurred at 1 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank Ken MDU</u>	23b. ADDRESS <u>Monett Mo.</u>	23c. DATE SIGNED <u>5-23-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial 1</u>	24b. DATE <u>May 19 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Loof</u>	24d. LOCATION (City, town, or county) (State) <u>Monett Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5-24-50</u>	REGISTRAR'S SIGNATURE <u>W.M. West</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Billon Funeral Home</u>	ADDRESS <u>Monett Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0510

RECEIVED MAY 29 1950
District Health Office No. 6,
District File Number 550-614
Date Filed 5-26-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed ~~by me, or by~~ _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed David Dillon

Licensed Embalmer No. 3898

P. O. Address Monett 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.