

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20982

State File No.

BIRTH NO. 386.36-57 REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 55

0821
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY OR TOWN <u>Louisiana</u>		c. CITY OR TOWN <u>Ashburn</u> <u>0820</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Pike County Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>Evelyn</u> c. (Last) <u>Hallows</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 5 1951</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>June 4, 1951</u>		9. AGE (In years last birthday) <u>1</u> <u>10</u> <u>45</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	

13a. FATHER'S NAME <u>Victor L. Hallows</u>		13b. MOTHER'S MAIDEN NAME <u>Billie A. Foster</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Victor L. Hallows, Ashburn, Mo.</u>	
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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>Enlarged Thyroid</u>		II. OTHER SIGNIFICANT CONDITIONS <u>None</u>		—	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b)	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	

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>273X</u>	
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 6-4, 1951, to 6-5, 1951, that I last saw the deceased alive on 6-5, 1951, and that death occurred at 12:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Louisiana, Mo.</u>		23c. DATE SIGNED <u>6-6-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 6, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dobley Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>PIKE COUNTY, MO.</u>		24e. REGISTRAR'S SIGNATURE <u>Bernese Collier</u>		24f. FUNERAL DIRECTOR'S SIGNATURE <u>Haley Mortuary, Louisiana, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>June 6, 1951</u>		REGISTRAR'S SIGNATURE <u>Bernese Collier</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Haley Mortuary, Louisiana, Mo.</u>	
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Date Received: JUN 18 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-57-1099
Date Filed: JUN 18 1951

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

Signed Geo. M. Callier

Licensed Embalmer No. 3839

P. O. Address Louisiana, 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.