

FILED SEP 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27959

BIRTH NO. _____		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 6036		Registrar's No. 230	
1. PLACE OF DEATH a. COUNTY <u>Ripley</u> <u>0910</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan "rural" Sherley</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan "rural" Sherley</u> <u>0911</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 Mi. W. of Doniphan, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>6 Mi. W. of Doniphan, Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joyce</u> b. (Middle) <u>Lavern</u> c. (Last) <u>wilder.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 6 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>March 21, 1930.</u>	
9. AGE (In years last birthday) <u>20</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>15</u>		IF UNDER 24 HRS. Hours <u>---</u> Mins. <u>---</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (State or foreign country) <u>Knobel, Arkansas.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Herbert Morley.</u>			13b. MOTHER'S MAIDEN NAME <u>Carrie Ethridge.</u>		14. NAME OF HUSBAND OR WIFE <u>---</u>		
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>NONE.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carrie Wilder</u> ADDRESS <u>Doniphan, Mo.</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Death without medical attend.</u>				INTERVAL BETWEEN ONSET AND DEATH	
		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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at <u>4:00 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Clifford York</u> (Printer or title) <u>Mo. Doniphan</u>				23b. ADDRESS <u>Doniphan, Mo.</u>		23c. DATE SIGNED <u>8-7-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>		24b. DATE <u>Aug. 8, 1951.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>Ripley Co., Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>8-8-51</u>		REGISTRAR'S SIGNATURE <u>E. Johnston</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Measel</u> ADDRESS <u>Doniphan, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

SEP 10 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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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.

Student .....  
Student Embalmer

Signed Ray Means.....

Licensed Embalmer No. 3743.....

P. O. Address Doniphan, 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.