

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **2346**

No. 300
10.48

850
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 30 1952

BIRTH NO. **3470-52** REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **4427** Registrar's No. **6**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Pulaski	b. CITY (If outside corporate limits, write RURAL and give town) Waynesville	a. STATE Missouri	b. COUNTY Pulaski
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Crocker	
d. FULL NAME OF HOSPITAL OR INSTITUTION Waynesville General Hospital		d. STREET ADDRESS (If rural, give location) 5	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle)	c. (Last) Routh	4. DATE OF DEATH	(Month) 1	(Day) 2	(Year) 52
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1	8. DATE OF BIRTH 1/1/52	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 6 MONTHS Days	IF UNDER 6 HOURS Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Frank Routh	13b. MOTHER'S MAIDEN NAME EVAN LILLIAN SMITH	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Frank Routh, Crocker, Missouri	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature		
	ANTECEDENT CAUSES Morbidity 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 776x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from 1-2-1952 to 1-2-1952 that I last saw the deceased alive on 1-2-1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE C. Miller, M.D.	(Degree or title)	23b. ADDRESS Waynesville Mo.	23c. DATE SIGNED 1-19-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/3/52	24c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery	24d. LOCATION (City, town, or county) (State) Crocker, Missouri
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DATE REC'D BY LOCAL REG. 1-21-52	REGISTRAR'S SIGNATURE E. J. Anderson	25. FUNERAL DIRECTOR'S SIGNATURE Hedges Funeral Home	ADDRESS Crocker, Mo
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RECEIVED 1-21-53
Nebraska County Health Officer
File Number
Date Filed 1-26-53

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 Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Shenandoah, 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.