

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27876

State File No.

SEP 15 1952

BIRTH NO. 59895 REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Howell</u> <i>0461</i> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christa Hogan Hosp.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u> <i>0770</i> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dora (rural)</u> <i>1</i> d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>PHYLLIS</u> b. (Middle) <u>LOUISE</u> c. (Last) <u>BEA</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 9, 1952</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u>	8. DATE OF BIRTH <u>Sept. 9, 1952</u>	9. AGE (In years last birthday) <u>EXACT</u> IF UNDER 1 YEAR Months Days IF UNDER 12 MRS. Hours Min. <u>5 30</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>nil</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>nil</u>		11. BIRTHPLACE (State or foreign country) <u>Ozark County, Mo.</u> <i>0</i>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Philip Bea</u>			
13b. MOTHER'S MAIDEN NAME <u>Myrtle Louise Driskel</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Philip Bea,</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia</u> ANTECEDENT CAUSES <u>atelectasis</u> 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.			
18. CAUSE OF DEATH (continued) INTERVAL BETWEEN ONSET AND DEATH <u>5° 30'</u>		19a. DATE OF OPERATION			
19b. MAJOR FINDINGS OF OPERATION <u>76 20</u>		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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>8:2</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Dr. Case</u> (Degree or title)			23b. ADDRESS <u>West Plains Mo.</u>		
23c. DATE SIGNED <u>9/11/52</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Sept. 9, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Trail Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Ozark County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Beatrice Cook</u> <i>374-0</i>			
DATE REC'D BY LOCAL REG. <u>9-12-52</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Neal Shoubrugh</u> <i>W. Plains, Mo.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 10 1000000

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 _____

Licensed Embalmer No. _____

P. O. Address. W. Plains, 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.