

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

42138

State File No.

FILED JAN 12 1953

BIRTH NO. 99781 REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 34

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

1. PLACE OF DEATH a. COUNTY <u>Newey</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newey</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>West Plains</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>West Plains</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>0460</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Belen</u>	b. (Middle) <u>Jan</u>	c. (Last) <u>Audrey</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-18-52</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>12-14-50</u>	9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	11. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>West Plains Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Belen Audrey</u>	13b. MOTHER'S MAIDEN NAME <u>Betty Wilson</u>	14. NAME OF HUSBAND OR WIFE <u></u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>B. Audrey Grandville Mo</u>	ADDRESS <u></u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>12</u> <u>Prematurity</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>6 mo. Miscarriage on 12-14-52</u> DUE TO (c) <u>Hard Fall on 12-11-52</u>		
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 <u>776XF</u>	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) (Min.)	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 12-14, 1952, to 12-18, 1952, that I last saw the deceased alive on 12-14, 1952, and that death occurred at 5 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. J. Hall M.D.</u>	23b. ADDRESS <u>West Plains Mo</u>	23c. DATE SIGNED <u>12-26-52</u>
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24a. BU BIAL CREMATION, REBURNAL (Specify)	24b. DATE <u>12-20-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-6-53</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson West Plains Mo</u>	ADDRESS <u></u>
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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.....

Licensed Embalmer No.....

P. O. Address.....

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.