

LED FEB 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5288

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 3348 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Dallas</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Louisburg</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Louisburg</u>		0300
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u>		b. (Middle) <u>B.</u>	c. (Last) <u>Southard</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-13-1953</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>NOV. 7-1878</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Dallas County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>S. H. Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Tedlock</u>	14. NAME OF HUSBAND OR WIFE <u>James Southard</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W. M. Southard</u> <u>Louisburg, 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>Paralysis Agitans</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
		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. <u>Arteriosclerosis + Myocarditis</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION. <u>350 X</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)		21d. (STATE)	
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 _____, 19 <u>40</u> , to <u>2-13</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2-10</u> , 1953, and that death occurred at <u>4:45 A.M.</u> , from the causes and on the date stated above.					
22a. SIGNATURE <u>Charles O. Jamison</u>		(Degree or title) <u>M.D.</u>	22b. ADDRESS <u>Buffalo Mo</u>		22c. DATE SIGNED <u>2-14-53</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-15-1953</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New hope</u>	23d. LOCATION (City, town, or county) (State) <u>Dallas County Mo</u>		
DATE REC'D BY LOCAL REG. <u>2-16-53</u>	REGISTRAR'S SIGNATURE <u>Grace Petree</u>	24. FUNERAL DIRECTOR'S SIGNATURE <u>Montgomery Vaughan</u>	ADDRESS <u>Buffalo, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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

Clyde Montgomery

Licensed Embalmer No. *3592*

P. O. Address *Buffalo, 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.