

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

7113

State File No.

FILED MAR. 7 - 1953

BIRTH NO.		REG. DIST. NO. <u>278</u>		PRIMARY REG. DIST. NO. <u>3054</u>		Registrar's No. <u>29</u>	
1. PLACE OF DEATH a. COUNTY <u>Pike County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>AKDRAIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana, Mo.</u>		c. LENGTH OF STAY (In this place) <u>7 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laddonia, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>0040</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike County Hospital</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>2-24-1953</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Etta</u>		b. (Middle) <u>Ethel</u>		c. (Last) <u>Harvey</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>		8. DATE OF BIRTH <u>June 2, 1886</u>	
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Callaway County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm Thomas Hibbert</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bell Hickerson</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>495-22-7381</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Howard Kriepfel</u> ADDRESS <u>Louisiana, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Lobar Pneumonia, Rt upper lobe</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) <u>490X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Acute Congestive Heart Failure 2 days with Pulmonary Edema</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☐	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-17-53</u> , 19 <u>53</u> , to <u>2-24-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2-24-53</u> , 19 <u>53</u> , and that death occurred at <u>7:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert L. Audraa M.D.</u>				23b. ADDRESS <u>216 Georgia St. Louisiana MO</u>		23c. DATE SIGNED <u>2-24-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 26, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laddonia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Laddonia Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 26, 1953</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur Bierhoff</u> ADDRESS <u>Laddonia, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 8 1953

MAR 9 1953

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Clyde A. Wilkey

Signed
Student Embalmer

Licensed Embalmer No. *3820*

P. O. Address *Perry, 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.