

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 24396

FILED AUG 3 1953

BIRTH NO. 44490-52 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 682A

1. PLACE OF DEATH a. COUNTY <u>Green E.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Laclede</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bunge Has P.</u>				d. STREET ADDRESS (If rural, give location) <u>611 King St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Aretta</u> b. (Middle) <u>RAY</u> c. (Last) <u>Addison</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>July 23 1953</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>July 21 1953</u>	
9. AGE (Years last birthday) <u>—</u>		10. MONTHS <u>—</u>		11. DAYS <u>2</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>—</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>			
11a. BIRTHPLACE (City and State or Foreign Country) <u>Lebanon, MO</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>James Addison</u>				13b. MOTHER'S MAIDEN NAME <u>Anna May Shorne</u>			
14. NAME OF HUSBAND OR WIFE <u>—</u>				15. INFORMANT'S SIGNATURE OR NAME <u>James Addison</u> ADDRESS <u>Lebanon, Mo.</u>			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u>				17. SOCIAL SECURITY NO. <u>—</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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Atelectasis</u> ANTECEDENT CAUSES <u>Premature Birth</u> DUE TO (b) <u>—</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
19a. DATE OF OPERATION <u>7625</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Lebanon</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Laclede, MO</u>		21f. HOW DID INJURY OCCUR? <u>—</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>7/23/1953</u> , to <u>7/23/1953</u> that I last saw the deceased alive on <u>7/23/1953</u> , and that death occurred at <u>5 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul Busch M.D.</u>				23b. ADDRESS <u>609 Cherry Springfield, Mo.</u>		23c. DATE SIGNED <u>7/28/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7/24/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HOLMAN</u>		24d. LOCATION (City, town, or county) (State) <u>Laclede Co. MO</u>	
DATE REC'D BY LOCAL REG. <u>8-1-53</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Edith Williams Palmer</u> ADDRESS <u>Lebanon MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

*H. P. Palmer*

Licensed Embalmer No. *2208*

P. O. Address *Lebanon me*

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.