

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11612

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4164 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Davies</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Davies</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Alta Mont</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Alta Mont</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>Blanche</u> c. (Last) <u>Searcy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-3-54</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>4-17-1873</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work showing most of working life, even if retired) <u>Retired Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Quinn</u>		13b. MOTHER'S MAIDEN NAME <u>Koss</u>	
14. NAME OF HUSBAND OR WIFE <u>William Searcy</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>W. S. Searcy</u>		ADDRESS <u>Alta Mont Mo</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>virus pneumonia</u>		DUE TO (b) <u>virus infection</u>			48 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>myocarditis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>senility</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>492X</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)		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 April 2nd, to April 3, 1954, that I last saw the deceased alive on April 3, 1954, and that death occurred at 7:30P m., from the causes and on the date stated above.

23a. SIGNATURE <u>John Frank</u> (Degree or title) <u>M D</u>		23b. ADDRESS <u>Pattonsburg Mo</u>		23c. DATE SIGNED <u>4-4-54</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-6-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cape</u>	
24d. LOCATION (City, town, or county) <u>Davies</u>		24e. (State) <u>Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs Kate Shouf Winston</u>	
DATE REC'D BY LOCAL REG. <u>4-12-54</u>		REGISTRAR'S SIGNATURE <u>Virginia M. Englehardt</u>		ADDRESS <u>no</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

L. O. Richman

Licensed Embalmer No. 3302

P. O. Address Gallatin

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.