

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3740

State File No.

FILED FEB 7 - 1955
BIRTH NO. 6835554 REG. DIST. NO. 379 PRIMARY REG. DIST. NO. 4513 Registrar's No. 96

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

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| 1. PLACE OF DEATH a. COUNTY WRIGHT | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DOUGLAS | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MANSFIELD | c. LENGTH OF STAY (in this place) 2 hours | c. CITY OR TOWN AVA | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION MANSFIELD HOSPITAL | | e. STREET ADDRESS (If rural, give location) 0340 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) ANGEL FAYE b. (Middle) BOONE c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) JAN. 23, *8 1955 |
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| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED | 8. DATE OF BIRTH OCT. 9, 1954 | 9. AGE (In years last birthday) 3 10. If UNDER 1 YEAR: Months 14 Days Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) AVA, AVA, MISSOURI | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME JOHNNY BOONE | 13b. MOTHER'S MAIDEN NAME JULIA FRYE | 14. NAME OF HUSBAND/OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or (Specify)) NO (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT'S SIGNATURE OR NAME JOHNNY BOONE ADDRESS AVA, MISSOURI |
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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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute laryngo tracheo bronchitis | | 24 hours |
| | 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 501X | 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) m. | 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 1-23, 1955, to 1-23, 1955, that I last saw the deceased alive on 1-23, 1955, and that death occurred at 2:45 pm., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Winton D. Nubels, Dr. | 23b. ADDRESS Mansfield, Mo | 23c. DATE SIGNED 1-25-55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE I 26, 1955 | 24c. NAME OF CEMETERY OR CREMATORY FANNON | 24d. LOCATION (City, town, or county) (State) AVA, MISSOURI |
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| DATE REC'D BY LOCAL REG. 2/2/55 | REGISTRAR'S SIGNATURE Winton D. Nubels | 25. FUNERAL DIRECTOR'S SIGNATURE CLINKINGBEARD ADDRESS FUNERAL HOME AVA MO. |
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WRIGHT CO. HEALTH DEPT.
County File Number 255-20
Date Filed 2-5-55

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.....
Signature of Student Embalmer

Signed *Charles R. Fish*

Licensed Embalmer No. 466

P. O. Address *Ava, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.