

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5542

State File No. ....

FILED MAR 3 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200-198 PRIMARY REG. DIST. NO. 4310 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Macon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>		
b. CITY OR TOWN <u>Berwin</u>		c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN <u>Berwin</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			e. STREET ADDRESS (If rural, give location) <u>0610</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>Glice</u> c. (Last) <u>Oxley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-14-55</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>2-26-64</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Berwin Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>W. J. Shoemaker</u>		13b. MOTHER'S MAIDEN NAME <u>Grace White</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Alvie Oxley Berwin Mo</u> ADDRESS _____			
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>Bronchial pneumonia 4 days</u> ANTECEDENT CAUSES <u>Acute Oxyza 8 days</u> DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				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) <u>470X</u>			
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 <u>2-8-</u> 1955, to <u>2-14</u> , 1955 that I last saw the deceased alive on <u>2-14-</u> 1955, and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>A. L. Rusher, D.O.</u> (Degree or title)			23b. ADDRESS <u>Macon</u>		23c. DATE SIGNED <u>2-16-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2-17-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>West Oakwood</u>	24d. LOCATION (City, town, or county) (State) <u>Berwin Mo</u>		
DATE REC'D BY LOCAL REG. <u>2/17/55</u>	REGISTRAR'S SIGNATURE <u>Auth M'neely</u> 185		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Edwards</u> ADDRESS <u>Berwin Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2.24.55  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 2.55.26  
Date Filed 3.1.55

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 *Bill Edwards*.....

Licensed Embalmer No. 1961

P. O. Address *Paris 2*.....

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.