

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6937

No. 300
10-48

FILED MAR 15 1955

BIRTH NO. 34147-54 REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 4093 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY Saline 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Pettis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Marshall, Mo. Marshall c. LENGTH OF STAY (In this place) -

c. CITY OR TOWN Rural d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Died on way to Hospital 65 Highway So. City Limits

e. STREET ADDRESS (If rural, give location) 5 Miles East of Hustonia, Mo. 0800

3. NAME OF DECEASED (Type or Print) a. (First) Joyce b. (Middle) Ann c. (Last) Bales

4. DATE OF DEATH (Month) (Day) (Year) March 7 1955

5. SEX Female 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child

8. DATE OF BIRTH May 11-1954

9. AGE (In years) (Months) (Days) (Hours) (Min.) 9 26

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child

10b. KIND OF BUSINESS OR INDUSTRY -

11. BIRTHPLACE (City and State or Foreign Country) Marshall, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Elmer Bales

13b. MOTHER'S MAIDEN NAME Jewell Murphy

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) No

16. SOCIAL SECURITY NO. -

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elmer Bales-Hustonia, Mo. R. 1

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, ashenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia

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.

INTERVAL BETWEEN ONSET AND DEATH 3 da

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) 491X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

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 Mar 4, 1955, to Mar 7, 1955; that I last saw the deceased alive on Mar 4, 1955, and that death occurred at 8 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. C. Putnam M.D.

23b. ADDRESS Marshall Mo

23c. DATE SIGNED 3-8-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3/10/55

24c. NAME OF CEMETERY OR CREMATORY Ridge Park

24d. LOCATION (City, town, or county) (State) Marshall, Missouri

DATE REC'D BY LOCAL REG. Mar 8-55

REGISTRAR'S SIGNATURE Cecil J. Reed Deputy

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Maki Sweeney - Marshall, Mo

(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.....
Signature of Student Embalmer

Signed *J. Leslie Summary*.....

Licensed Embalmer No. *3258*

P. O. Address *Mashburn, N.C.*

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.