

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

10832

State File No.

114/5

FILED MAR 21 1955

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Wright</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mtn. Grove, Mo.</u>		c. LENGTH OF STAY (in this place) <u>10 Min.</u>	c. CITY OR TOWN <u>Mtn. Grove</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 <u>Mtn. Grove General Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>809 Doris Ave.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ralph</u> b. (Middle) <u>Glenn</u> c. (Last) <u>Archer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 26, 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 22, 1901</u>		9. AGE (In years last birthday) <u>54</u>
IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mtn. Grove, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13a. FATHER'S NAME <u>J. Ralph Archer</u>		13b. MOTHER'S MAIDEN NAME <u>Arizona Prophet</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Archer</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	(If yes, give war or dates of service) <u>XXX</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Pearl Archer, Mtn. Grove, Mo.</u>		
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary embolism</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
II. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not related to the disease or condition causing 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>2-23, 1955</u> to <u>2-26, 1955</u> , that I last saw the deceased alive on <u>2-23, 1955</u> and that death occurred at <u>6-P m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>W.A. Craig D.O.</u>			23b. ADDRESS <u>4 Mountain View</u>		23c. DATE SIGNED <u>3-3-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/1/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mtn. Grove, Mo.</u>
DATE REC'D. BY LOCAL REG. <u>3-4-55</u>		REGISTRAR'S SIGNATURE <u>A.B. Ames</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rev. Barber Mtn. Grove, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 355-37
Date Filed MAR 19 1955

MAR 21 1955

MAY 20 1955

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 R. W. Barber

Licensed Embalmer No. 389

P. O. Address W. H. H.

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.