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

FILED JUL 14 1955

STANDARD CERTIFICATE OF DEATH

State File No. 15595

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5740 Registrar's No. 122

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL. Lingo
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Linneus 0580 1
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): Ruth
b. (Middle): Naomi
c. (Last): Bauswell

4. DATE OF DEATH (Month) (Day) (Year): 7 5 55

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M 1
8. DATE OF BIRTH: 7/8/1904
9. AGE (In years last birthday): 50 — If under 1 year: Months 11, Days 27 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bucklin, Mo 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Peter Sights
13b. MOTHER'S MAIDEN NAME: Corda, Joyce
14. NAME OF HUSBAND OR WIFE: Glen Bauswell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Flov Bauswell Purdin, Mo — **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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken Neck 3rd. Cerv. Vertbra — Inst.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Broken Right Leg & Extensive Bruise.

DUE TO (c) Auto Accident

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: E8124 25
20. AUTOPSY? YES ☐ NO ☐

21a. ~~ACCIDENT~~ ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hwy. 36
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 061 (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 5 1955 6:20 PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Walking in front of Car.

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 6:20 PM., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lester Hutton 3 Coroner
23b. ADDRESS: Macon Mo.
23c. DATE SIGNED: 7-5-55

24a. BURIAL, CREMATION, REMOVAL (Specify): B
24b. DATE: 7/7/55
24c. NAME OF CEMETERY OR CREMATORY: Mt Olivet
24d. LOCATION (City, town, or county) (State): Marceline, Mo

DATE REC'D BY LOCAL REG.: 7/7/55
REGISTRAR'S SIGNATURE: Ruth McNeely 185 0
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: James McLaughlin Marceline Mo.

(Licensed Embalmer's Statement on Reverse Side)

AUG 20 1955

RECEIVED 7.11.55
MACON COUNTY HEALTH DEPARTMENT
County File No. 7.55.108
Date Filed 7.13.55

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 .....
Student Embalmer

Signed George D. Fromm

Licensed Embalmer No. 1425

P. O. Address Macoline

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.