

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**20976**

State File No. ....

**FILED AUG 10 1955**

BIRTH NO. .... REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 155-

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Audrain</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Mexico</u> / )		c. CITY OR TOWN <u>Mexico</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>44 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>1017 E. Jackson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1017E. Jackson</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Louisa</u> b. (Middle) <u>Frances</u> c. (Last) <u>Bail</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>August 2, 1955</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Oct. 4, 1868</u>
<b>9. AGE</b> (In years last birthday) <u>86</u>		If UNDER 1 YEAR: Months _____ Days _____ If UNDER 1 Wks: Hours _____ Min _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own Home</u>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Milan, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	

<b>13a. FATHER'S NAME</b> <u>James Murphy</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sinda Gibson</u>		<b>14. NAME OF HUSBAND OR WIFE</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Ruth Bail</u> <u>Mexico, Mo.</u>	

<b>18. CAUSE OF DEATH</b> 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.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>BRONCHIAL PNEUMONIA</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>3 days</u>
	<b>ANTECEDENT CAUSES</b> DUE TO (b) <u>Senility</u>		
	DUE TO (c) <u>491X</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE/ HOMICIDE</b> (Specify) <u>Accident</u>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min) <u>Aug 2, 1955</u>		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from** 1950, 1950, to Aug 2, 1955, that I last saw the deceased alive on Aug 2, 1955, and that death occurred at 10:30 A.M. from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>H. A. Garreel D.O.</u> (Degree or title)		<b>23b. ADDRESS</b> <u>Mexico, Mo.</u>		<b>23c. DATE SIGNED</b> <u>8-2-55</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>Aug 3, 55</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Elmwood</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Mexico, Mo.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS</b> <u>Blanche Neely</u> <u>9-0 Prichard Funeral Home</u> <u>Mexico, Mo.</u>			
<b>DATE REC'D BY LOCAL REG.</b> <u>Aug 3-1955</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Blanche Neely</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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**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.....

*Ralph L. Houston*

Licensed Embalmer No. *468*

P. O. Address *Mexico*

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.