

FILED AUG 15 1955
STANDARD CERTIFICATE OF DEATH21958
State File No.

BIRTH NO. <u>43337-55</u>		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>53</u>	
1. PLACE OF DEATH a. COUNTY <u>Nowell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nowell</u>			
b. CITY OR TOWN <u>West Plains</u>		c. LENGTH OF STAY (on this date) <u>5 mks</u>		c. CITY OR TOWN <u>West Plains</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>				e. STREET ADDRESS (If rural, give location) <u>416 Walnut</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rebecca</u> b. (Middle) <u>Ann</u> c. (Last) <u>Obney</u>				4. DATE OF DEATH (Month) <u>7</u> (Day) <u>25</u> (Year) <u>55</u>			
5. SEX <u>♀</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>6-18-55</u>	
9. AGE (In years last birthday) <u>5</u>		10. IF UNDER 1 YEAR Months <u>7</u> Days <u>7</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>West Plains Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Ed Obney</u>			
13b. MOTHER'S MAIDEN NAME <u>Georgia Alsop</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>			
16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ed Obney</u>		18. ADDRESS <u>West Plains Mo</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>5 WEEKS</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malnutrition</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c) <u>(Birth Weight 4¹/₂ lbs)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7725</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>✓</u>		21d. (COUNTY) <u>✓</u>		21e. (STATE) <u>✓</u>	
21d. TIME OF INJURY (Month) <u>7</u> (Day) <u>25</u> (Year) <u>1955</u> (Hour) <u>3:30</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>7-12-55</u> to <u>7-25-55</u> , that I last saw the deceased alive on <u>7-25-55</u> and that death occurred at <u>3:30</u> p.m., from the cause and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. N. Wiles M.D.</u>				23b. ADDRESS <u>West Plains Mo</u>		23c. DATE SIGNED <u>7-27-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>✓</u>		24b. DATE <u>7-26-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>West Plains</u>		24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-10-55</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Reuben West Plains Mo</u>		ADDRESS <u>✓</u>	

(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.....

Licensed Embalmer No. 34

P. O. Address West Plains

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.