

FILED SEP 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28868

State File No.

BIRTH NO. 41669-55 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 172

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico	c. LENGTH OF STAY (in this place) 2 MO	c. CITY OR TOWN Mexico	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 704 S. Union		STREET ADDRESS (If rural, give location) 704 S. Union	

3. NAME OF DECEASED (Type or Print) a. (First) Edna	b. (Middle) Beatrice	c. (Last) Counts	4. DATE OF DEATH (Month) (Day) (Year) Sept. 8 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) child	8. DATE OF BIRTH July 13, 1955
9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Days 25	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Mexico, Missouri	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME UNK	13b. MOTHER'S MAIDEN NAME Edna J. Counts	14. NAME OF HUSBAND OR WIFE Child
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) no none	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edna J. Counts Mexico, Missouri

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spina Bifida (3)		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES (b) Myelo-Meningeal Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Hydrocephalus (2)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 751X			

19a. DATE OF OPERATION 7-22-55	19b. MAJOR FINDINGS OF OPERATION Myelo-Meningeal Low Thoracic, upper lumbar	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) Mexico, Mo. (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 July 13, 1955 to Sept 8, 1955, that I last saw the deceased alive on 9-7-55, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE H. M. Van Tingen	(Degree or title)	23b. ADDRESS Mexico, Mo.	23c. DATE SIGNED 9-8-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-9-1955	24c. NAME OF CEMETERY OR CREMATORY East Lawn Memorial Park	24d. LOCATION (City, town, or county) (State) Mexico, Missouri

DATE REC'D BY LOCAL REG. Sept 9-1955	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Arnold Funeral Home	ADDRESS Mexico, Mo.
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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 *Ray Miller*.....

Licensed Embalmer No. *442*
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.