

FILED OCT 10 1955

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

31983

State File No.

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4495 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethel	c. LENGTH OF STAY (In this place) Life	c. CITY OR TOWN Bethel	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		• STREET ADDRESS (If rural, give location) 102nd	

3. NAME OF DECEASED (Type or Print)	a. (First) Abbie	b. (Middle) Florence	c. (Last) Secrist	4. DATE OF DEATH (Month) (Day) (Year) October 2, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, A WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH January 11, 1876	9. AGE (In years last birthday) 79	If UNDER 1 YEAR Months 8 Days 21	If UNDER 24 HRS. Hours Mins
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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 (City and State or Foreign Country) Shelby County	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Albert Jones	13b. MOTHER'S MAIDEN NAME Jennie Hunter	14. NAME OF HUSBAND OR WIFE L.M. Secrist
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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 Paul Secrist	ADDRESS Bethel, Missouri
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralysis agitans		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 June 10, 1955, to Oct. 2, 1955, that I last saw the deceased alive on Sept. 23, 1955, and that death occurred at 3:05P m., from the causes and on the date stated above.

23a. SIGNATURE <i>Harriet M. Brockus</i>	(Degree or title) D.O.	23b. ADDRESS La Belle, Missouri	23c. DATE SIGNED 10/3/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/4/1955	24c. NAME OF CEMETERY OR CREMATORY Union Cemetery	24d. LOCATION (City, town, or county) (State) Steffenville, Missouri
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DATE REC'D BY LOCAL REG. 10-4-55	REGISTRAR'S SIGNATURE <i>Ada Garrison</i>	419	25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter J. Laballe, Jr.</i>	ADDRESS La Belle, 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 myself, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. Hodder Jr.

Licensed Embalmer No. 43

P. O. Address La Bell

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.