

FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHFOWLER W. P. M.D.  
State File No. 33027

BIRTH NO.		REG. DIST. NO. 141	PRIMARY REG. DIST. NO. 3025	Registrar's No. 84
1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains</u>		c. LENGTH OF STAY (in this place) <u>1 month</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 checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>Rt #2</u> <u>0460</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cecelia</u> b. (Middle) <u>SHARON GAYE</u> c. (Last) <u>VAN BERKOM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 20 1955</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>APR. 20 1955</u>	9. AGE (In years last birthday) <u>5</u> <u>0</u> <u>0</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	11. BIRTHPLACE (City and State or Foreign Country) <u>West Plains, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>A.H. VAN BERKOM</u>		13b. MOTHER'S MAIDEN NAME <u>Velma Willbanks</u>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dysentery of undetermined etiology</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>Sept. 20, 1955</u> , to <u>Sept. 20, 1955</u> , that I last saw the deceased alive on <u>Sept. 20, 1955</u> , and that death occurred at <u>11:30 A.M.</u> from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>M.L. Fowler M.D.</u>		23b. ADDRESS <u>West Plains</u>	23c. DATE SIGNED <u>9/29/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>R</u>		24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph</u>	24d. LOCATION (City, town, or county) (State) <u>White Church, Mo.</u>
DATE REC'D BY LOCAL REG. <u>10-11-55</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> 379	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DUNCAN'S Mtn. View, Mo.</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 *Joe R. Duncan*.....

Licensed Embalmer No. *432*.....

P. O. Address *Mt. View*.....

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.