

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34429

State File No.

BIRTH NO.

REG. DIST. NO. 301

PRIMARY REG. DIST. NO. 4450

Registrar's No. 575

1. PLACE OF DEATH

a. COUNTY RIPLEYb. CITY (If outside corporate limits, write RURAL and give town) DONIPHAN

c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE MISSOURIb. COUNTY RIPLEYc. CITY OR TOWN DONIPHANd. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐d. FULL NAME OF HOSPITAL OR INSTITUTION BARTON REST HOMEe. STREET ADDRESS (If rural, give location) 1001 WALNUT ST 9410

3. NAME OF DECEASED (Type or Print)

a. (First)

CLARA

b. (Middle)

BELL

c. (Last)

BAUCOM4. DATE OF DEATH (Month) (Day) (Year) OCT. 10-1955

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 24-18959. AGE (in years last birthday) 60 10. IF UNDER 1 YEAR Months 3 Days 16 11. IF UNDER 24 HRS. Hours 1 Min. 010a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper10b. KIND OF BUSINESS OR INDUSTRY At home11. BIRTHPLACE (City and State or Foreign Country) RIPLEY Co. Missouri12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME

Stenwall YOUNG

13b. MOTHER'S MAIDEN NAME

NORA Wheeler

14. NAME OF HUSBAND OR WIFE

Deceased15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No16. SOCIAL SECURITY NO. NONE17. INFORMANT'S SIGNATURE OR NAME ADDRESS H.S. BAUCOM - DONIPHAN - Mo.

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*

ANTECEDENT CAUSES

Morbidity 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.

Diabetes MellitisINTERVAL BETWEEN ONSET AND DEATH 4 years

19a. DATE OF OPERATION

None

19b. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-11- 1955, to 10-10- 1955, that I last saw the deceased alive on 10-10, 1955, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

Henry R. Rosy, D.O.110 N. Grand, Doniphan, Mo. 10-19-55

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE 10/17/5524c. NAME OF CEMETERY OR CREMATORY WILSON CEMETERY24d. LOCATION (City, town, or county) (State) RIPLEY Co. - MISSOURIDATE REC'D BY LOCAL REG. 10-28-55REGISTRAR'S SIGNATURE 60 J. Johnson

277-0

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edwards Funeral Home - DONIPHAN, Mo.

(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 *Gene Harren*

Licensed Embalmer No. *480*

P. O. Address *Doniphan*

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.