

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35675**  
Registrar's No. ....

FILED OCT 18 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **336** PRIMARY REG. DIST. NO. **6121**

1. PLACE OF DEATH a. COUNTY <b>Shannon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shannon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Birch Tree Twp</b>	c. LENGTH OF STAY (in this place) <b>1 year</b>	c. CITY OR TOWN <b>Birch Tree</b>	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		e. STREET ADDRESS (If rural, give location) <b>1010-D</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Erasmus</b> b. (Middle) <b>Allen</b> c. (Last) <b>Honeycutt</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 7-1955</b>		
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 24-1877</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>9</b>	IF UNDER 1 YEAR Days <b>13</b>	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Summersville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	
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13a. FATHER'S NAME <b>N. C. Honeycutt</b>		13b. MOTHER'S MAIDEN NAME <b>Jamima Hughes</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Catheryn Honeycutt</b>			
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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) <b>NO</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>M. C. Honeycutt Eminence, Mo.</b>			
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>ABOUT 5 DAYS</b>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>OCCLUSION CORONARY</b>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>4201</b>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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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?	
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22. I hereby certify that I attended the deceased from **10/2, 1955**, to **10/7, 1955**, that I last saw the deceased alive on **10/2, 1955**, and that death occurred at **10 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Mabel Roll</b>		23b. ADDRESS <b>Willow Springs Mo</b>		23c. DATE SIGNED <b>10/14/55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-11-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Alley</b>		24d. LOCATION (City, town, or county) (State) <b>Alley, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>10-17-55</b>		REGISTRAR'S SIGNATURE <b>Mabel Roll 447</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Duncan Funeral Home Mtn. View, Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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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 G. Dunca*.....  
Licensed Embalmer No. *430*.....  
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.