

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36089

State File No. ....

FILED DEC 15 1955

BIRTH NO. 74485-55 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 38

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

1. PLACE OF DEATH a. COUNTY <u>Butler.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE OF PARENTS. b. COUNTY <u>MISSOURI.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff.</u>		c. LENGTH OF STAY (in this place) <u>3 1/4 hrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital.</u>		c. CITY OR TOWN <u>DONIPHAN.</u> d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>5 Mi. W. MISSOURI, RT. 7. HWY. U.S. 160.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Karen</u> b. (Middle) <u>Sue</u> c. (Last) <u>Hall.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 19, 1955.</u>	
5. SEX <u>Female.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married.</u>	8. DATE OF BIRTH <u>Nov. 19, 1905.</u>
9. AGE (In years last birthday) <u>50</u> If UNDER 1 YEAR Months <u>10</u> If UNDER 24 HRS. Hours <u>3</u> Min. <u>15</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Poplar Bluff Missouri.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>never worked.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>never worked.</u>	
11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Willard Hall.</u>		13b. MOTHER'S MAIDEN NAME <u>Ruby Johnson.</u>	
14. NAME OF HUSBAND OR WIFE <u>never married.</u>			
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. <u>None.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Willard Hall, Doniphan, Mo.</u>		ADDRESS <u>7573</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity 6 Mo.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bicornate Uterus.</u> DUE TO (c) 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 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) (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 <u>11-19-</u> , 19 <u>55</u> , to <u>11-19-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11-19-</u> , 19 <u>55</u> , and that death occurred at <u>9:14 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. R. Wheeler (M.D.)</u>		23b. ADDRESS (Degree or title) <u>Poplar Bluff, Mo.</u>	
23c. DATE SIGNED <u>11/29/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>		24b. DATE <u>Nov. 20, 1955.</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>Ripley County, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>12/8/55</u>		REGISTRAR'S SIGNATURE <u>J. R. Wheeler</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Messert</u>		ADDRESS <u>Doniphan, Mo.</u>	

489-0

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
DEC 12 1955  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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.. *This body was not arterially embalmed*

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Ray Meanst*

Licensed Embalmer No. *3743*

P. O. Address *Donipha*

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.