

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36090**

No. 300
10.48

FILED DEC 15 1955

BIRTH NO. **74486-55** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **39**

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

1. PLACE OF DEATH a. COUNTY Butler.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE OF PARENTS MISSOURI. b. COUNTY RIPLEY.	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Peplos Bluff.		c. LENGTH OF STAY (in this place) 6 hrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital.		c. CITY OR TOWN DONIPHAN d. Is 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) MISSOURI, RT. 2 HWY. U.S. 160	

3. NAME OF DECEASED (Type or Print)	a. (First) Sharew	b. (Middle) Ann	c. (Last) Hall.	4. DATE OF DEATH (Month) (Day) (Year) Nov. 19, 1955
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5. SEX Female.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married.	8. DATE OF BIRTH Nov. 19, 1955.	9. AGE (In years last birthday) 6. IF UNDER 1 YEAR Months 0. IF UNDER 24 HRS. Days 0. Hours 0. Min. 0.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never worked.	10b. KIND OF BUSINESS OR INDUSTRY Never worked.	11. BIRTHPLACE (City and State or Foreign Country) Peplos Bluff, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Willard Hall.	13b. MOTHER'S MAIDEN NAME Ruby Johnson.	14. NAME OF HUSBAND OR WIFE never married.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None.	17. INFORMANT'S SIGNATURE OR NAME Willard Hall, Doniphan Mo.	ADDRESS Doniphan Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity - 6 mos.		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bicamate uterus.		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		7573	

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)
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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?
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22. I hereby certify that I attended the deceased from **11-19, 1955**, to **11-19, 1955**, that I last saw the deceased alive on **11-19, 1955**, and that death occurred at **12:27 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. J. Meeker, M.D. (Degree or title)	23b. ADDRESS Peplos Bluff, Mo.	23c. DATE SIGNED 12/28/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.	24b. DATE Nov 20, 1955.	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery.	24d. LOCATION (city, town, or county) (State) Ripley County, Missouri.
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DATE REC'D BY LOCAL REG. 12/8/55	REGISTRAR'S SIGNATURE J. J. Meeker	25. FUNERAL DIRECTOR'S SIGNATURE Ray Means	ADDRESS Doniphan, Mo.
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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 Means*

Licensed Embalmer No. *374*

P. O. Address *Danipha*

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.