

FILED DEC 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36440**

BIRTH NO. _____		REG. DIST. NO. 109		PRIMARY REG. DIST. NO. 4180		Registrar's No. 78	
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: specify before admission). a. STATE Missouri b. COUNTY Dunklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Campbell		c. LENGTH OF STAY (In this place) 1 year		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Campbell		2350	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) JULIA b. (Middle) ANN c. (Last) LAHOW			4. DATE OF DEATH (Month) (Day) (Year) Nov - 26 - 1955				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 17 - 1861		9. AGE (In years last birthday) 94	10. UNDER 1 YEAR Months 10 Days 7	11. UNDER 24 hrs. Hours 7 Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Glod Post, Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Sharon New Madrid Mo 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-Vascular Accident - Left Hemiplegia -					INTERVAL BETWEEN ONSET AND DEATH 4 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiovascular Disease					?
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. 4221					
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) _____		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 11/14 , 1955, to 11/22 , 1955, that I last saw the deceased alive on 11/22 , 1955, and that death occurred at 5:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wallace A. Belsky M.D.				23b. ADDRESS Campbell - Mo.		23c. DATE SIGNED 12/1/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-27-55		24c. NAME OF CEMETERY OR CREMATORY Little Prairie Cemetery		24d. LOCATION (City, town, or township) (State) Mo	
DATE REC'D BY LOCAL REG. 12-2-1955		REGISTRAR'S SIGNATURE Mrs. Beulah Campbell		25. FUNERAL DIRECTOR'S SIGNATURE Dr. Forge and - G. Campbell ADDRESS _____			

(When Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 12-5-55

COUNTY FILE NUMBER 1255-

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
Student Embalmer

Signed Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Caruthersville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.