

FILED NOV 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36652

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 1

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>N Harrison</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MO</u> b. COUNTY <u>N Harrison</u>  |   |
| b. CITY OR TOWN <u>West Meriden</u>  |  | c. CITY OR TOWN <u>Bethany</u>  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Natl Memorial Hosp</u>  |  | e. STREET ADDRESS (If rural give location) <u>0410</u>  |   |
| 3. NAME OF DECEASED<br>a. (First) <u>LIANA</u> b. (Middle) <u>ROSE</u> c. (Last) <u>TREESE</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>11-10-1955</u>   |   |
| 5. SEX <u>fe</u>   | 6. COLOR OR RACE <u>W</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>  | 8. DATE OF BIRTH <u>8-19-1954</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MOTHER</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>22</u> IF UNDER 24 HRS. Hours Min.               |
| 11a. FATHER'S NAME <u>Reva Berry</u>   |  | 11b. MOTHER'S MAIDEN NAME <u>Wm D Treese</u>  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Bethany MO</u>  |
| 13a. FATHER'S NAME   |  | 13b. MOTHER'S MAIDEN NAME   | 14. NAME OF HUSBAND OR WIFE <u>USA</u>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <input checked="" type="checkbox"/>   |  | 16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>   | 17. INFORMANT'S SIGNATURE OR NAME <u>Wm D Treese</u> ADDRESS  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                              |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Internal Hydrocephalus</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) <u>752X</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Spina bitida</u> |   |
| 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) <u>X</u>  |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.   | 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>JAN 10, 1955</u> to <u>11-10, 1955</u> , that I last saw the deceased alive on <u>11-10, 1955</u> , and that death occurred at <u>6:15 P. m.</u> , from the causes and on the date stated above. |  |   |   |
| 23a. SIGNATURE (Degree or title) <u>Wm D Treese MD</u>   |  | 23b. ADDRESS <u>Bethany MO</u>  | 23c. DATE SIGNED <u>11/11/55</u>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 24b. DATE <u>11-17-1955</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>Berry Cem.</u>  | 24d. LOCATION (City, town, or county) (State) <u>Galt MO</u>  |
| DATE REC'D BY LOCAL REG <u>11-14-55</u>  | REGISTRAR'S SIGNATURE <u>Zola Burnett</u>  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>P. K. Payne</u>   | ADDRESS <u>Galt MO</u>  |

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 Not Embalmed, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed PK Payne.....

Licensed Embalmer No. 340

P. O. Address Salt Lake City

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.