

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40292

State File No. ....

BIRTH NO. 1542-55 REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>		c. CITY OR TOWN <u>Bethany</u>	
c. LENGTH OF STAY (in this place) <u>5 hours</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Noll Memorial Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>0416</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>RAE</u>	b. (Middle) <u>ANN</u>	c. (Last) <u>MADISON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 15, 1955</u>
-------------------------------------	-----------------------	------------------------	--------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Jan. 23, 1955</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>10</u> Days <u>22</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
----------------------	-------------------------------	--	---------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bethany, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u></u>
---	--	---	--------------------------------------

13a. FATHER'S NAME <u>Laverne Madison</u>	13b. MOTHER'S MAIDEN NAME <u>Eloise Quinton</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
---	---	--------------------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Laverne Madison, Bethany, Mo.</u>	ADDRESS <u>Bethany, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Diarrhea &amp; dehydration</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u></u>  DUE TO (c) <u></u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5710</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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 Jan, 1955, to Feb 15, 1955, that I last saw the deceased alive on Dec 14, 1955, and that death occurred at 1:25 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Miriam Pearson MD</u>	23b. ADDRESS <u>Bethany Mo.</u>	23c. DATE SIGNED <u>12/17/55</u>
---	---------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 17, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Miriam Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bethany, Mo.</u>
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>12-17-55</u>	REGISTRAR'S SIGNATURE <u>Zola Burman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark L. South</u>	ADDRESS <u>Bethany, Mo.</u>
--	--	--	-----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 18 1958

JAN 22 1958

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 *Clark L. Boutwell* .....

Licensed Embalmer No. *4131* .....

P. O. Address *Botham* .....

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.