

FILED JAN 3 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43098

State File No.

BIRTH NO. <u>73566-55</u>		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>244</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall, Mo.</u> c. LENGTH OF STAY (in this place) <u>5Hrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbon Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> c. CITY OR TOWN <u>Rural</u> d. STREET ADDRESS (If rural, give location) <u>3Mi. S.S. East Marshall 65-40Ju</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Orval</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Admire</u>		4. DATE OF DEATH (Month) <u>Dec.</u> (Day) <u>27</u> (Year) <u>1955</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Sept. 29 - 1955</u>		9. AGE (In years last birthday) <u>2</u> Months <u>2</u> Days <u>8</u> Hours <u>15</u> Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Marshall, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Walter F. Admire</u>		13b. MOTHER'S MAIDEN NAME <u>Doris M. Beeler</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Walter F. Admire</u> ADDRESS <u>Marshall, Mo. R. 1</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, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>490X</u>				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☐			
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12-27</u> , 19 <u>55</u> , to <u>12-27</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-27</u> , 19 <u>55</u> , and that death occurred at <u>11:40 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>James C. Reid</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Marshall, Mo.</u>		23c. DATE SIGNED <u>12-28-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/29/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Home Cem. Cross Timbers, Mo.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>Dec. 28-55</u>		REGISTRAR'S SIGNATURE <u>Carroll D. Reid, Deputy</u>		385		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Leslie Burrows - Marshall, Mo.</u> ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 3235

P. O. Address 7540 1/2 St. N. W.

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.