

FILED FEB 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1167

BIRTH NO. REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. CITY OR TOWN Clinton	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Clinton Rest Home		e. STREET ADDRESS (If rural, give location) 0423	
3. NAME OF DECEASED a. (First) Omer		b. (Middle) Lee	
c. (Last) Love		4. DATE OF DEATH Jan; 31, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 6, 1878
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	
11. BIRTHPLACE (City and State or Foreign Country) Benton County Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Love		13b. MOTHER'S MAIDEN NAME Martha Wisdom	
14. NAME OF HUSBAND OR WIFE Deceased		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 Mrs. Carl Bodensteiner K.C. Mo;	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR?	
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) 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 June 10, 1954, to January 30, 1956, that I last saw the deceased alive on January 30, 1956, and that death occurred at 2:30 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Type or Print) Dr. R. B. Hallenburger		23b. ADDRESS 2302 m. Clinton Missouri	
23c. DATE SIGNED 1/31/56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 2-2-56		24c. NAME OF CEMETERY OR CREMATORY Iconium	
24d. LOCATION (City, town, or county) (State) Iconium Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodrich Funeral Home, Osceola Mo	
DATE REC'D BY LOCAL REG. 2-2-56		REGISTRAR'S SIGNATURE Mildred Bigum	

(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 J. B. Broadbent.....

Licensed Embalmer No. 3030

P. O. Address Osceola.....

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.