

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7775

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6148 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Castor		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Essex
d. FULL NAME OF HOSPITAL OR INSTITUTION at home		e. STREET ADDRESS (If rural, give location) Route # 2	

3. NAME OF DECEASED (Type or Print)	a. (First) LINDA	b. (Middle) DIANNE	c. (Last) IVY	4. DATE OF DEATH (Month) (Day) (Year) Feb. 16, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH Aug. 10, 1955	9. AGE (In years last birthday) --	IF UNDER 1 YEAR Months 6	IF UNDER 1 HR. Days 6	IF UNDER 1 MIN. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Ft. Bragg Army Hosp. N. C.	12. CITIZEN OF WHAT COUNTRY? US.
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13a. FATHER'S NAME C. J. Ivy	13b. MOTHER'S MAIDEN NAME Shirley Curneal	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Shirley Ivy, Essex, Mo. Route # 2.
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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 320
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>histoplasmosis generalis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>secondary anemia</u> DUE TO (c)		
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Nov, 1955, to Feb, 1956, that I last saw the deceased alive on Feb 15, 1956 and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Stephen Parker M.D.</u>	23b. ADDRESS <u>Bloomfield Mo</u>	23c. DATE SIGNED <u>2-21-56</u>
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE Feb. 18, 56	24c. NAME OF CEMETERY OR CREMATORY Walker cem.	24d. LOCATION (City, town, or county) (State) Stoddard Co. Mo.
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DATE REC'D BY LOCAL REG. 2-21-56	REGISTRAR'S SIGNATURE <u>Leis E. Moonie</u> 510-	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CHILES UND. CO. Bloomfield, Mo.
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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..... Infant baby was not embalmed.

Licensed Embalmer No.....

P. O. Address.....

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.