

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8486

State File No.

BIRTH NO. _____ REG. DIST. NO. 78 PRIMARY REG. DIST. NO. 5291 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY OR TOWN <u>Liberty - Rural</u>	c. LENGTH OF STAY (in this place) <u>6 yrs</u>	c. CITY OR TOWN <u>Liberty</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 HOSPITAL OR INSTITUTION <u>I.O.O.F. Home</u>		STREET ADDRESS (If rural, give location) <u>I.O.O.F. Home</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u> b. (Middle) <u>KATHRYN</u> c. (Last) <u>SOUTHWICK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 4 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 30, 1881</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Clair Co., Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Jerry McCoy</u>	
13b. MOTHER'S MAIDEN NAME <u>Virginia</u>		14. NAME OF HUSBAND OR WIFE <u>Yese Southwick</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Loren Short, Rte 2, Ex Springs Mo.</u>		ADDRESS <u>Ex Springs 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, asthenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cerebral Haemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) <u>not one about 5 years</u> DUE TO (c) <u>egg</u> 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"/>		331X	
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 <u>1950</u> to <u>March 4, 1956</u> , that I last saw the deceased alive on <u>March 3, 1956</u> , and that death occurred at <u>7:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Wright Goodson M.D.</u>		23b. ADDRESS <u>Liberty Mo</u>	
23c. DATE SIGNED <u>3/5/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-4-56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Brown Hill</u>		24d. LOCATION (City, town or county) (State) <u>Exclus Springs Mo.</u>	
DATE REC'D BY LOCAL REG. <u>March 17, 1956</u>		REGISTRAR'S SIGNATURE <u>Mabel Brahan</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>PRICHARD FUNERAL HOME, INC. Ex Springs, 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 *Ralph E. Van Landingham*

Licensed Embalmer No. *400*
Chelso Springs, Ala.
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.