

15504

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 22 1956

State File No. ....

3004

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5074 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Barton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Barton</u> c. CITY OR TOWN <u>Irwin</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0060</u>		
b. CITY OR TOWN <u>Lamar Mo</u>		c. LENGTH OF STAY (in this place) <u>12 hrs</u>	e. STREET ADDRESS (If rural, give location) <u>Union Township</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lamar Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Debra</u> b. (Middle) <u>Sue</u> c. (Last) <u>Dighero</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 16 1956</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>March 18 1955</u>	9. AGE (In years last birthday) <u>14 months</u>	IF UNDER 1 YEAR Days _____ IF UNDER 2 HRS. Hours _____ Mins. _____
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>Nevada Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>Herbert Dighero</u>		13b. MOTHER'S MAIDEN NAME <u>Lorna Jo Riley</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herbert Dighero Irwin 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>14 hrs</u>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed skull</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <u>Fell out of car striking head on rock</u>		
DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>9020</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>(Attending Physician out of town on vacation)</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>At Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Union Twsp. Barton, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-15-56</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell out of car striking head on rock</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:20 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Maize Korantz</u> (Degree or title) <u>Local Registrar, Lamar, Mo.</u>			23b. ADDRESS _____		23c. DATE SIGNED <u>5-17-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 17 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bluff Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Barton Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>MAY 17 1956</u>		REGISTRAR'S SIGNATURE <u>Maize Korantz</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gerard Beery Sheldon Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

4-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *L. Gerald Beatty*.....

Licensed Embalmer No. *420*.....

P. O. Address *Sheldon*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.