

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21020**

FILED JUL 3 1956

BIRTH NO. 36565-56 REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY LACLEDE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY LACLEDE	
b. CITY (If outside corporate limits, write RURAL and give township) LEBANON		c. CITY (If outside corporate limits, write RURAL and give township) STOUTLAND	
c. LENGTH OF STAY (in this place) 2 days		d. STREET ADDRESS (If rural, give location) 0 630 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION WALLACE HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) FREIDA b. (Middle) ARLENE c. (Last) ARCHER			4. DATE OF DEATH (Month) (Day) (Year) 6 20 - 56		
5. SEX FEMALE		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
8. DATE OF BIRTH 6-13-56		9. AGE (In years last birthday) 7		10. IF UNDER 1 YEAR Months Days Hours Mins.	
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) STOUTLAND, MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME LEO ARCHER		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE	
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 LEO ARCHER	
				ADDRESS Stoutland	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Gastro-enteritis		INTERVAL BETWEEN ONSET AND DEATH 2 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 7640		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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)		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 6/20, 1956, to 6/20, 1956 that I last saw the deceased alive on 6/20, 1956, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

22a. SIGNATURE Gene E. Fisher		(Degree or title) M.D.		23b. ADDRESS Sebaun, Mo	
				23c. DATE SIGNED 6/23/56	

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-21-56		24c. NAME OF CEMETERY OR CREMATORY Stoutland	
				24d. LOCATION (City, town, or county) (State) Stoutland MO	
DATE REC'D BY LOCAL REG. 6-23-1956		REGISTRAR'S SIGNATURE Hella L. Day		25. FUNERAL DIRECTOR'S SIGNATURE John Schuyler	
				ADDRESS Galvile MO	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

24

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
Student Embalmer

Signed *R. L. Barber*

Licensed Embalmer No. *3848*

P. O. Address *W. J. ...*

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 this body is not embalmed, fact should be so stated above.