

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27458**

FILED SEP 6 1956

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 142

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) OR TOWN Lebanon		c. CITY OR TOWN Lebanon	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Wallace Memo. Hosp.		e. STREET ADDRESS (If rural, give location) Plato Star Rt.	
3. NAME OF DECEASED (Type or Print) a. (First) Rosa		b. (Middle) L	c. (Last) Southard
4. DATE OF DEATH (Month) (Day) (Year) Aug. 22 1956		5. SEX F	
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 16 1876		9. AGE (In years last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) Laclede Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph O'Quinn		13b. MOTHER'S MAIDEN NAME Caroline Melton	
14. NAME OF HUSBAND OR WIFE Frank Southard		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. _____		17. INFORMANT'S SIGNATURE OR NAME Frank Southard ADDRESS Lebanon 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatoid arthritis 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"/>		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) 7220	
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 March, 1956 , to Aug 22, 1956 , that I last saw the deceased alive on Aug 21, 1956 , and that death occurred at 3:30 a. m. , from the causes and on the date stated above.	
23a. SIGNATURE F. H. Johnson (Degree or title) MD		23b. ADDRESS Lebanon Mo	
23c. DATE SIGNED 8-22-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 8/24/56		24c. NAME OF CEMETERY OR CREMATORY New Hope	
24d. LOCATION (City, town, or county) (State) Laclede Co. Mo.		DATE REC'D BY LOCAL REG. 8-24-1956	
REGISTRAR'S SIGNATURE Alvilla L. Gray		25. FUNERAL DIRECTOR'S SIGNATURE L. R. Palmer ADDRESS Lebanon Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

424

Received 9-4-56
Laclede County Health Unit
File No. 149
Date Filed 9-4-56

(SEP 24 1956)

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 S. P. Palmer.....

Licensed Embalmer No. 220.....

P. O. Address Libany.....

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.