FILED OCT 11 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31783

STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. 4450 Registrar's No. 652

1. PLACE OF DEATH a. COUNTY Ripley	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ripley
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doniphan — Inside Limits Yes X No ☐	c. CITY OR TOWN Doniphan 0910 — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 501 Pine St. — Length of stay in 1b years	d. STREET ADDRESS (If outside, give location) 501 Pine St. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First LEATHA Middle MODEANA Last CARSON		4. DATE OF DEATH Month Day Year Sept. 19-1956	
5. SEX female	6. COLOR OR RACE white	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH March 27-1891
9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 5 Days 22	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Gatewood, Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Joseph Smith		14. MOTHER'S MAIDEN NAME Mary Jane Stormes	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) **********	16. SOCIAL SECURITY NO. 493-28-2335	17. INFORMANT Address John Cleveland Carson Doniphan, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-18-56, to 9-19-56 and last saw her/him alive on 9-19-56. Death occurred at 8 15 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William G. Bannister, D.O. 2	22b. ADDRESS Doniphan, Mo.	22c. DATE SIGNED 9-21-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/21/1956	23c. NAME OF CEMETERY OR CREMATORY Doniphan Cemtery
23d. LOCATION (City, town, or county) (State) Doniphan, Missouri		
24. FUNERAL DIRECTOR ADDRESS Edwards Funeral Home Doniphan, Mo.	25. DATE RECD. BY LOCAL REG. 9-25-1956	26. REGISTRAR'S SIGNATURE C. B. Johnston

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

7-0

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gene H Parrein

Licensed Embalmer No. 48

P. O. Address Doniph

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