

FILED DEC 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37347

State File No.

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5269 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Christian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural, McCracken</u>		c. CITY OR TOWN <u>Ozark, Mo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>30 yrs</u>		STREET ADDRESS (If rural, give location) <u>Ozark, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ozark, Mo</u>			

3. NAME OF DECEASED a. (First) <u>Alice M</u>		b. (Middle)		c. (Last) <u>Bougher</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec II/30/56</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar, 18/1875</u>	
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 10 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>James W Morton</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Young</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Alta Bougher, Ozark Mo</u>		ADDRESS	
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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.	11. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>1 week</u> <u>Several years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Theor. embolic encephalomyeloma</u> <u>Chronic cerebral hemorrhage</u>		
	DUE TO (c) <u>Arteriosclerosis</u>		
11. 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"/>	
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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) <u>331X</u>	
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 12/19, 1952, to 11/29, 1956, that I last saw the deceased alive on 11/29, 1956, and that death occurred at 4:40 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Vincent P. McCormick D.O.</u>		23b. ADDRESS <u>Ozark, Mo.</u>		23c. DATE SIGNED <u>12/5/56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/3/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forsythe</u>		24d. LOCATION (City, town, or county) (State) <u>Taney Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Dec. 6, 1956</u>		REGISTRAR'S SIGNATURE <u>Luetta Leonard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>T. B. Chaffin</u>		ADDRESS <u>Ozark, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

590

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 *T. B. Chaffin*

Licensed Embalmer No. *2192*

P. O. Address *Ozark*

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.