

FILED FEB 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 794

BIRTH NO. 94464-56 REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Salem Mo</u>		c. LENGTH OF STAY (in this place township) <u>1 month</u>	c. CITY OR TOWN <u>Salem Mo</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XXXX</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>--</u>		0 2 0	

3. NAME OF DECEASED a. (First) <u>Randy</u> b. (Middle) <u>Allen</u> c. (Last) <u>Counts</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 9 1957</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u>	8. DATE OF BIRTH <u>Dec 31 1956</u>	9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>8</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>x</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Salem Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>

13a. FATHER'S NAME <u>Earl Counts</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Welch Counts</u>	14. NAME OF HUSBAND OR WIFE <u>x x</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>x</u>	16. SOCIAL SECURITY NO. <u>x</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anna Counts Salem Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sahar Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>non</u> DUE TO (c)		
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) <u>490x</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 _____, 19____, to 2/9, 1957, that I last saw the deceased alive on 2/9, 1957, and that death occurred at 4 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph P. Dismore</u>	(Degree or title) <u>9</u>	23b. ADDRESS <u>Salem Mo</u>	23c. DATE SIGNED <u>2/9/57</u>
--	----------------------------	---------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Feb 10 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Minor Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Dent Co Mo</u>
--	---------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>2/9/57</u>	REGISTRAR'S SIGNATURE <u>M. M. Hart mda pm</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carl J. Dismore</u>
---	---	--

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

53

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 *Carl D. Spencer*.....

Licensed Embalmer No. *2370*

P. O. Address *Salisbury*

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.