

health, Welfare public service  
 300 4-56  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 Doctor, coroner, etc. must use only standard nomenclature when reporting symptoms. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

FILED MAR 28 1957

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

5062 STATE FILE NUMBER 7527  
 3-0-0-3

Registration District No. 13 Primary Registration District No. 3-0-0-3 Registrar's No. 55

|  |                                  |   |  |  |   |
|--|----------------------------------|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Barry</b>  |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Purdy</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Purdy</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION  |                                  | Length of stay in 1b  | d. STREET ADDRESS (If outside, give location)  |  | Reside on Form<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br><b>LAURA A. WILLIS</b>  |                                  |   | 4. DATE OF DEATH<br>Month <b>20</b> Day <b>29</b> Year <b>1957</b>   |  |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Dec. 27, 1867</b>   | 9. AGE (In years last birthday)<br><b>89</b>   | IF UNDER 1 YEAR<br>Months <b>2</b> Days <b>23</b> Hours <b></b> Min. <b></b>          |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>Barry County, Mo.</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |
| 13. FATHER'S NAME<br><b>William Morlan</b>   |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Sarah Ann Stone</b>   |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT<br><b>Pat Willis Monett, Mo.</b>   |  |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Uremia</b><br>DUE TO (b) <b>Cardio. Vascular - Runt Syndrome unknown</b><br>DUE TO (c) <b></b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br><b>Post stroke apoplexy</b> |                                  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 days</b>                                     |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  |  |  |   |
| 20c. TIME OF INJURY<br>Hour <b></b> a. m. <b></b> p. m. <b></b>  |                                  | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  |  |   |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                  | 20f. CITY, TOWN, OR LOCATION  |  | COUNTY   | STATE   |
| 21. I attended the deceased from <b>3/10/57</b> to <b>3/20/57</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>3/10/57</b> .<br>Death occurred at <b>9:25</b> m on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |  |  |   |
| 22a. SIGNATURE (Degree or title)<br><b>Paul Starvo D.O.</b>  |                                  |   | 22b. ADDRESS<br><b>Purdy Mo</b>  |  | 22c. DATE SIGNED<br><b>3/20/57</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 23b. DATE<br><b>3/22/57</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Arnhart</b>   |  | 23d. LOCATION (City, town, or county) (State)<br><b>Barry County, Mo.</b>             |
| 24. FUNERAL DIRECTOR<br><b>J. D. Buchanan</b>  |                                  | ADDRESS<br><b>Monett, Mo.</b>   |  | 25. DATE RECD. BY LOCAL REG.<br><b>3-23-57</b> | 26. REGISTRAR'S SIGNATURE<br><b>Mrs. P. N. Cook</b>                                   |

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 357-47

DATE REC. 3-25-57

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STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *J. P. Buchanan*

Licensed Embalmer No. 3179

P. O. Address Monett,

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.