

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12540**

FILED APR 23 1957

BIRTH NO. _____ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **38**

1. PLACE OF DEATH a. COUNTY CLINTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY LINN	
b. CITY OR TOWN CAMERON	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN LINNEUS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION CAMERON COMM. Hosp		e. STREET ADDRESS (If rural, give location) CAMERON Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) HULDAH	b. (Middle) MAY	c. (Last) LABAR	4. DATE OF DEATH (Month) (Day) (Year) 4 14 1957
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 22, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	11. BIRTHPLACE (City and State or Foreign Country) LINN COUNTY	9. AGE (in years last birthday) 72 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME THOMAS HAYES	13b. MOTHER'S MAIDEN NAME VIOLA CANADA	14. NAME OF HUSBAND OR WIFE HARRY LABAR
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Harry Labar ADDRESS Linneus 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory failure		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Traumatic injury DUE TO (c) Auto accident		
	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? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Auto	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 36	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) De Kalb. Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-14-57 12:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto accident

22. I hereby certify that I attended the deceased from **4-14-1957** to **4-14-** 1957, that I last saw the deceased alive on **4-14-** 1957, and that death occurred at **2:55** p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD	23b. ADDRESS Cameron, Mo	23c. DATE SIGNED 4/14/57
---	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-16-57	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. CEMETERY	24d. LOCATION (City, town, or county) (State) LINNEUS MO.
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. 4-16-57	REGISTRAR'S SIGNATURE Francis Crawford	25. FUNERAL DIRECTOR'S SIGNATURE G B Brothers ADDRESS Linneus Mo.
---	---	---

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

531
0

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 *Blake Gladden*.....

Licensed Embalmer No. *5019*.....

P. O. Address *Facile*.....

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.