

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12952

State File No.

FILED MAY 6 - 1957

BIRTH NO. 76356-56 REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY HOWELL			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOWELL		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST PLAINS,		c. LENGTH OF STAY (in this place) 4 mos.	c. CITY OR TOWN WEST PLAINS,		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/>			e. STREET ADDRESS (If rural, give location) POTTERSVILLE RTE.,		
3. NAME OF DECEASED (Type or Print) a. (First) PAMELA b. (Middle) SUE c. (Last) MOLES			4. DATE OF DEATH (Month) (Day) (Year) 4-19-57		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH 11-28-56	9. AGE (In years last birthday) 4 1/2 IF UNDER 1 YEAR Months 4 1/2 Days 21 IF UNDER 12 HRS. Hours 21 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant.		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) WEST PLAINS, MO		12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME ERNEST MOLES		13b. MOTHER'S MAIDEN NAME LAVERNE CONES	14. NAME OF HUSBAND OR WIFE X <input checked="" type="checkbox"/>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS E. C. MOLES, WEST PLAINS, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute infectious (shibic) dysentery ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS NORMAL BIRTH WITHOUT ANY MEDICATION AT REQUEST OF MOTHER. NONE GIVEN SINCE.				INTERVAL BETWEEN ONSET AND DEATH 1 day 11-28-56
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 0460				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)			
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 from <u>11-28</u> , 19 <u>56</u> , to _____, 19____, that I last saw the deceased alive on <u>11-29</u> , 19 <u>56</u> , and that death occurred at <u>2:00 PM</u> , from the causes and on the date stated above.					
23a. SIGNATURE Reginald S. Bailey		(Degree or title) D.O.	23b. ADDRESS 404 W. Main, West Plains, Mo		23c. DATE SIGNED 4-26-57
24a. BURIAL, CREMATION, REMOVAL (Specify) R. and B	24b. DATE 4-21-57	24c. NAME OF CEMETERY OR CREMATORY OAK FOREST	24d. LOCATION (City, town, or county) (State) NORWOOD, MO.,		
DATE REC'D BY LOCAL REG. 5-1-57	REGISTRAR'S SIGNATURE Beatrice Cook		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ROBERTSONS, WEST PLAINS, MO		

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

379.0

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.....



Licensed Embalmer No. 373

P. O. Address West Haven

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.