MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 18 1959

59-029670
STATE FILE NUMBER

Registration District No. 115 Primary Registration District No. 5645 Registrar's No. 76

DED

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 Miles North East of Aurora — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lawrence
c. CITY OR TOWN Aurora, Mo. — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Aurora, Mo. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Barbara Middle: Lou Last: Housley
4. DATE OF DEATH Month Aug. Day 9 Year 1959
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH May 18 1942
9. AGE (last birthday) 17
IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Imo, Ark.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Leonard Housley
13b. MOTHER'S MAIDEN NAME Francis Newton
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO.
17. INFORMANT Leonard Housley Address Aurora, Mo R-2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Concussion — INTERVAL BETWEEN ONSET AND DEATH 15 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Blow on head
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Smoker
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☒ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Auto accident
20c. TIME OF INJURY Hour 7:30 a.m. p.m. Month, Day, Year 8/9/59
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Country Road
20f. CITY, TOWN, OR LOCATION Lawrence Co. COUNTY STATE Mo.
21. I attended the deceased from ____ to ____ and last saw ~~him~~ her alive on 8/9/59
Death occurred at approx. 8:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) M.D.
22b. ADDRESS Aurora Mo.
22c. DATE SIGNED 8/10/59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug. 12-1959
23c. NAME OF CEMETERY OR CREMATORY Good Cemetery
23d. LOCATION (City, town, or county) (State) Marionville, Mo.
24. FUNERAL DIRECTOR Oscar L. Marsh ADDRESS Aurora, Mo.
25. DATE RECD. BY LOCAL REG. Aug. 10 1959
26. REGISTRAR'S SIGNATURE Ora McNatt

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4213

P. O. Address Monett

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.