

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2237
Registrar's No. 180

BIRTH NO. _____ REG. DIST. NO. 6030 PRIMARY REG. DIST. NO. 6032

1. PLACE OF DEATH a. COUNTY RIPLEY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY RIPLEY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DONIPHAN R#5 Twp 23		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DONIPHAN RURAL R#5 Twp 23	
c. LENGTH OF STAY (in this place) 60 yrs		d. STREET ADDRESS (If rural, give location) 0910	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) MALBY b. (Middle) JANE c. (Last) EZEK			4. DATE OF DEATH (Month) (Day) (Year) 1 2 1951		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH FEB 3 1965	9. AGE (In years last birthday) 85	10. 1 YEAR Days 10 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) KENTUCKY		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOHN GRIFFIN		13b. MOTHER'S MAIDEN NAME UNKNOW		14. NAME OF HUSBAND OR WIFE H. PRICE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME H. PRICE	
ADDRESS					

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Lobar Pneumonia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 1 week
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)	
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 **12-15**, 19**50**, to **1-2**, 19**51**, that I last saw the deceased alive on **12-15**, 19**50**, and that death occurred at **7:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Clifford G. Fort		(Degree or title) 0		23b. ADDRESS		23c. DATE SIGNED 1-10-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-5-1951		24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY		24d. LOCATION (City, town, or county) (State) RIPLEY COUNTY, MO	
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DATE REC'D BY LOCAL REG. 1-10-51		REGISTRAR'S SIGNATURE E. W. Johnston		25. FUNERAL DIRECTOR'S SIGNATURE L. H. Edwards		ADDRESS Doniphan Mo.	
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

6-17-51

RECEIVED

FEB 3 1951

DISTRICT HEALTH OFFICE No.

No.

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.....

1-3-1951

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Lee P. Luchel

Licensed Embalmer No. 3475

P. O. Address Doniphan, Mo.

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 this body is not embalmed, fact should be so stated above.