

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13487

State File No. \_\_\_\_\_

FILED MAY 12 1952

REG. DIST. NO. 382-176

PRIMARY REG. DIST. NO. 5658

Registrar's No. H-12

Card sent 0550

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

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Russell Vineyard</u>		c. LENGTH OF STAY (in this place) <u>Native</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Russell Vineyard</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. 0550</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>P.R. #</u>					
3. NAME OF DECEASED (Type or Print), a. (First) <u>Gertrude</u> b. (Middle) <u>Southard</u> c. (Last) <u>Southard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-18-1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>4-26-1890</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Lawrence Co. U</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Jack Snow</u>		13b. MOTHER'S MAIDEN NAME <u>Mary S. Berry</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>490-28-0712</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joe Snow</u>		ADDRESS <u>La Russell Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 mins</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>				
	DUE TO (c) _____				
	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 <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)	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 <u>1 Jun 1952</u> , to <u>4-18 1952</u> , that I last saw the deceased alive on <u>4-10 1952</u> , and that death occurred at <u>6:00 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Henry Simmons M.D.</u> (Degree or title)			23b. ADDRESS <u>1701 Center St. Springfield Mo.</u>		23c. DATE SIGNED <u>20 Apr 52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-20-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Red Oak</u>	24d. LOCATION (City, town, or county) (State) <u>N.W. of Miller Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-25-52</u>	REGISTRAR'S SIGNATURE <u>W. S. Berry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris Leiman Miller Mo.</u> ADDRESS		

**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 .....  
Student Embalmer

Signed *S. R. Seiman*

Licensed Embalmer No. 3297

P. O. Address Miller 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.