

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

15132

State File No.

FILED MAY 12 1953		BIRTH NO. 23332		REG. DIST. NO. 264		PRIMARY REG. DIST. NO. 14395		Registrar's No. 15			
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).						
a. COUNTY OZARK					a. STATE Mo.						
b. CITY OR TOWN Gainesville					b. COUNTY OZARK						
c. LENGTH OF STAY (in this place) 1 day					c. CITY OR TOWN Gainesville Rural						
d. FULL NAME OF HOSPITAL OR INSTITUTION					d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
e. STREET ADDRESS					(If rural, give location) 0970						
3. NAME OF DECEASED			a. (First) EVA			b. (Middle) JUNE			c. (Last) FRIEND		
(Type or Print)			4. DATE OF DEATH			(Month) 5			(Day) 5		
5. SEX F			6. COLOR OR RACE W.			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby			8. DATE OF BIRTH 5-4-1953		
9. AGE (In years last birthday)			IF UNDER 1 YEAR Months 7			IF UNDER 1 HR. Hours 1			Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None				10b. KIND OF BUSINESS OR INDUSTRY None				11. BIRTHPLACE (City and State or Foreign Country) Gainesville, Mo.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME ETON Friend				13b. MOTHER'S MAIDEN NAME Juana Maria Merrill			
14. NAME OF HUSBAND OR WIFE None				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. None			
17. INFORMANT'S SIGNATURE OR NAME ETON Friend				ADDRESS Hardenville, Mo.							
18. CAUSE OF DEATH											
Enter only one cause per line for (a), (b), and (c)											
MEDICAL CERTIFICATION											
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CIRCULATORY COLLAPSE											
INTERVAL BETWEEN ONSET AND DEATH 22 1/2 HRS											
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.											
ANTECEDENT CAUSES											
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.											
DUE TO (b) PATENT DUCTUS ARTERIOSUS											
DUE TO (c) CONGENITAL											
II. OTHER SIGNIFICANT CONDITIONS											
Conditions contributing to the death but not related to the disease or condition causing death. Gradual circulatory failure indicated by cardiac sounds and progressive cyanosis.											
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
7541											
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 MAY 4, 1953, to MAY 5, 1953, that I last saw the deceased on MAY 5, 1953, and that death occurred at 8:00pm., from the causes and on the date stated above.											
23a. SIGNATURE Geo. Stickney						23b. ADDRESS D.O. Gainesville, Mo.			23c. DATE SIGNED 5-5-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE 5-6-53			24c. NAME OF CEMETERY OR CREMATORY Lilly Ridge			24d. LOCATION (City, town, or county) (State) Gainesville Rural Mo.		
DATE REC'D BY LOCAL REG. 59-53			REGISTRAR'S SIGNATURE Shane Mahan			461			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clarkingford Ernestine Gainesville		

(Licensed Embalmer's Statement on Reverse Side)

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

170
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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.

P. O. Address

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.