

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20489**

FILED **MAY 26 1953**

BIRTH NO. _____		REG. DIST. NO. <b>802</b>		PRIMARY REG. DIST. NO. <b>Jackson TP</b>		Registrar's No. <b>38</b>		
1. PLACE OF DEATH a. COUNTY <b>Taney</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Taney</b>				
b. CITY (If outside corporate limits, write RURAL and give townshp) OR TOWN <b>Rural, Oak Ridge</b>				c. LENGTH OF STAY (In this place) <b>2 Mons.</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Taney</b>				d. STREET ADDRESS (If rural, give location) <b>Taney</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Laura</b> b. (Middle) <b>Bell</b> c. (Last) <b>Outhouse</b>			4. DATE OF DEATH <b>May 12, 1953</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>June 19, 1888</b>		
9. AGE (In years last birthday) <b>74</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A?</b>	
13a. FATHER'S NAME <b>Tom Jay</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Alvin D. Huff, Rt. #2, Galina, Mo.</b> 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>chronic osteoarthritis vascular thrombosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>8 yrs</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Rheumatic fever</b>						
		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 _____					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? <b>4011</b>				
22. I hereby certify that I attended the deceased from <b>Apr 30, 1953</b> , to <b>May 11, 1953</b> , that I last saw the deceased alive on <b>5-8-</b> , 1953, and that death occurred at <b>11:05 a.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>R. R. Faithing</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>On call Mo.</b>		23c. DATE SIGNED <b>5-19-53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 15, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Schubach Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Christian, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>5-21-53</b>		REGISTRAR'S SIGNATURE <b>R. E. Cogswell</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>T. B. Chaffin</b> ADDRESS <b>Osark, Mo.</b>				

Case 1060

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

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 F. R. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.