

FILED NOV 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37253

State File No. ....

BIRTH NO. 77574-54 REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) b. STATE <u>Missouri</u> <u>IRON</u> COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Ironton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Iron Twsp.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>2 mi. W. of Iron Mountain</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>CHRISTINE</u>			a. (First)			b. (Middle)			c. (Last) <u>STUDDARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 10 1954</u>						
5. SEX <u>fem</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Nov. 10 1954</u>			9. AGE (In years last birthday) <u>0</u>		MONTHS <u>0</u>		DAYS <u>0</u>		HOURS <u>0</u>		MIN. <u>6</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>no</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>no</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Ironton Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>						

13a. FATHER'S NAME <u>Clyde Studdard</u>			13b. MOTHER'S MAIDEN NAME <u>Wanda Bates</u>			14. NAME OF HUSBAND OR WIFE <u>##</u>		
--	--	--	--	--	--	---------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Studdard</u>				ADDRESS <u>Iron Mountain Mo.</u>			
---	--	-----------------------------------	--	---	--	--	--	----------------------------------	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>congenital atelectasis</u>		DUE TO (b) <u>premature birth</u>							
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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>7625</u>						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 11-10, 1954, to 11-10, 1954, that I last saw the deceased alive on 11-10, 1954, and that death occurred at 6:55 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. S. Jarland</u>		(Degree or title) <u>m. LL.D.</u>		23b. ADDRESS <u>118 N. Main St. Ironton, Mo</u>		23c. DATE SIGNED <u>11-15-54</u>	
-------------------------------------	--	-----------------------------------	--	---	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11-11-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Iron Mountain Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Iron Mountain Mo.</u>	
---	--	---------------------------	--	--	--	--	--

DATE RECD BY LOCAL REG. <u>11-22-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u>		128-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u>		ADDRESS <u>Ironton Mo.</u>	
---	--	--	--	-------	--	--	--	----------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

0470

---

---

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 Roscel White .....

Licensed Embalmer No. 3012 .....

P. O. Address San Antonio, Tex .....

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.