

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43159

State File No. ....

FILED JAN 10 1955

BIRTH NO. .... REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 412 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hallister Mo 13yr</u>		c. CITY OR TOWN <u>Hallister</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Rural</u>		e. STREET ADDRESS (If rural, give location) <u>Rural 1060</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rose</u> b. (Middle) <u>Marie</u> c. (Last) <u>Letter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-25-54</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED/DIVORCED (Specify)	8. DATE OF BIRTH <u>2-4-1953</u>	9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>10</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Branson MO</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>George Letter</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Belle Stamps</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George Letter</u> ADDRESS <u>Hallister MO</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull Fracture - Head Injury</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (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 <u>58304 25</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hallister 106 Taney MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 25, 54 4pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Child struck by car in driveway</u>

22. I hereby certify that I attended the deceased from 12-25-1954 to 12-25-1954, that I last saw the deceased alive at 4:45 pm on 12-25-1954, and that death occurred at 4:45 pm, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. C. M. Agness - M. O.</u>	23b. ADDRESS <u>Branson MO</u>	23c. DATE SIGNED <u>12/28/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12-29-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Schubler Knob</u>	24d. LOCATION (City, town, or county) (State) <u>Hallister MO</u>
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DATE REC'D BY LOCAL REG. <u>1-5-55</u>	REGISTRAR'S SIGNATURE <u>J. E. Copeland 376</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>R. O. Whitehead</u> ADDRESS <u>Branson MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1060

**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 *Winnifred Wheeler*.....

Licensed Embalmer No. *9277*.....

P. O. Address *Princeton*.....

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.