

FILED MAY 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12706

and photo 70° 4

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

BIRTH NO. _____		REG. DIST. NO. <u>231</u>		PRIMARY REG. DIST. NO. <u>4346</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Montgomery City</u>		c. LENGTH OF STAY (In this place) <u>3 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wellsville</u> <u>0100</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Swearingen Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>East Water Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVA</u>		b. (Middle) <u>LEE</u>		c. (Last) <u>DUBRAY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 7 1955</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Don't know</u>	
9. AGE (In years last birthday) <u>-</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>Audrain County Mo. 0</u>	
11. BIRTHPLACE (State or foreign country) <u>Audrain County Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Christopher Dubray</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Woodson</u>	
14. NAME OF HUSBAND OR WIFE <u>none</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>none</u>		17. INFORMANT'S SIGNATURE (JOB NAME) ADDRESS <u>Ray Martin, St. Louis, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Myocarditis and Myocardial Regeneration</u> INTERVAL BETWEEN ONSET AND DEATH <u>?</u> ANTECEDENT CAUSES Morbid 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>4222</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) (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>Mar 10, 1955</u> , to <u>May 7, 1955</u> , that I last saw the deceased alive on <u>April 30, 1955</u> , and that death occurred at <u>6 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. G. Bell</u>				23b. ADDRESS <u>Wellsville, Mo</u>		23c. DATE SIGNED <u>5/7/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/9/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laddonia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Laddonia, Audrain, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5/8/1955</u>		REGISTRAR'S SIGNATURE <u>Leann S. Callaway</u>		50:0-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. B. Bell, Wellsville Mo</u>	

JUN 14 1955

JUL 10 1955

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 *A. B. Hulbe*

Licensed Embalmer No. 1588

P. O. Address Hullsville 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.