

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27323

State File No.

FILED AUG 19 1955

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6034 Registrar's No.

1. PLACE OF DEATH a. COUNTY Ripley		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Ripley	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Harris		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Doniphan Rt. 1			

3. NAME OF DECEASED (Type or Print)	a. (First) Myrtle	b. (Middle) Clark	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) July 25, 1955
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 15, 1880	9. AGE (In years last birthday) 75	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Mayfield, Ky		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME William Routon	13b. MOTHER'S MAIDEN NAME Catherine Bowden	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Lucille Hickson ADDRESS Doniphan, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pulmonary tuberculosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) mental depression DUE TO (c) (diagnoses made from history)		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	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 July 25, 1955, to July 25, 1955, that I last saw the deceased alive on July 25, 1955, and that death occurred at 9 P. m., from the causes and on the date stated above.

23a. SIGNATURE H. White (Degree or title) MD	23b. ADDRESS Naylor Mo	23c. DATE SIGNED 7/29/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 27/55	24c. NAME OF CEMETERY OR CREMATORY New Hope	24d. LOCATION (City, town, or county) (State) Ripley Mo.
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DATE REC'D BY LOCAL REG. 8-2-55	REGISTRAR'S SIGNATURE W. Johnston 277-0	25. FUNERAL DIRECTOR'S SIGNATURE McCord-Gish ADDRESS Naylor, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0990

0990

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

Bryan McCord

Licensed Embalmer No. *4079*

P. O. Address *Naylor, 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.