

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1759

State File No. ....

FILED JAN 23 1956

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY OR TOWN <u>Hindsor</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center</u>				e. STREET ADDRESS (If rural, give location) <u>302 West Benton</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>AUDREY</u> b. (Middle) <u>MARIE</u> c. (Last) <u>NULL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5 1956</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 13, 1924</u>	
9. AGE (In years last birthday) <u>31</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoemaker</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Benton County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Garrett A. Phifer</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Basbrook</u>		14. NAME OF HUSBAND OR WIFE <u>Farrest Null</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Farrest Null Hindsor, 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>Cardiac arrest</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (c) <u>5702</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 min</u>
II. OTHER SIGNIFICANT CONDITIONS <u>Intestinal obstruction.</u>							<u>3 days</u>
19a. DATE OF OPERATION <u>Jan 5, 1956</u>		19b. MAJOR FINDINGS OF OPERATION <u>Gangrenous loop of ileum</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 <u>1-3</u> 19 <u>56</u> , to <u>1-5</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-5</u> , 19 <u>56</u> , and that death occurred at <u>11:45 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. Lee Cooper M.D.</u>				23b. ADDRESS <u>Warrensburg Mo</u>		23c. DATE SIGNED <u>1-7-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1-8-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>		24d. LOCATION (City, town, or county) (State) <u>Hindsor, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan 8, 1956</u>		REGISTRAR'S SIGNATURE <u>Savannah Critchfield</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Huston Turner, Hindsor, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

JUN 18 1957

OCT 26 1956

RECEIVED  
JAN 16 1956  
RECEIVED  
JOHNSON COUNTY HEALTH DEPT.

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 *William M. Turner* .....

Licensed Embalmer No. *464* .....

P. O. Address *Thielsen* .....

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.