

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		c. LENGTH OF STAY (In this place) <u>6 Days</u>	c. CITY OR TOWN <u>Waynesville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Cullen Twsp.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Edna</u>	b. (Middle) <u>LaBee</u>	c. (Last) <u>Ousley</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Jan 16 1956</u>
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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>April 25, 1898</u>	9. AGE (In years last birthday) <u>57</u>	10. UNDER 1 YEAR Months <u>--</u> Days <u>--</u>	11. OVER 1 YEAR Hours <u>--</u> Mins. <u>--</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>George LaBee</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Schutius</u>	14. NAME OF HUSBAND OR WIFE <u>John E Ousley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John E Ousley</u>	ADDRESS <u>Waynesville Rt 2 Mo</u>
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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 <u>1 week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</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. <u>331x</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 17, 1956 to Jan 16, 1956, that I last saw the deceased alive on Jan 16, 1956, and that death occurred at 10 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R E Musser MD</u>	23b. ADDRESS <u>Waynesville Missouri</u>	23c. DATE SIGNED <u>Jan 17 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 18 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ousley Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pulaski County Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-17-56</u>	REGISTRAR'S SIGNATURE <u>Paula Hazel Anderson</u>	458. FUNERAL DIRECTOR'S SIGNATURE <u>HEDGGS FUNERAL HOMES INC WAYNESVILLE</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 1-21-56
File Number
OFFICE
1-11-56

JAN 27 1956

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 *Clarence Moss*

Licensed Embalmer No. 489

P. O. Address *Waymire*

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.