

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 5 1956

 BIRTH NO. 5496-56 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>	c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY OR TOWN <u>Campbell</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Missouri University Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>P. O. # 3</u> <u>0350</u>	
3. NAME OF DECEASED a. (First) <u>SOUTHARD</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>R</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2/25/1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input type="radio"/>	8. DATE OF BIRTH <u>2/21/1956</u>
9. AGE (In years last birthday) <u>4 days</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hour _____ Min. _____
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	11. BIRTHPLACE (City and State or Foreign Country) <u>Dunklin Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Frank Southard</u>		13b. MOTHER'S MAIDEN NAME <u>Opal Hanners</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Frank Southard Campbell Mrs.</u> ADDRESS <u>Campbell Mrs.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock and Dehydration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malrotation of Colon, Congenital Obstructive Adhesions of distal ileum.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7562</u>	
19a. DATE OF OPERATION <u>2-24-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Malrotation of Colon, Congenital Obstructive Adhesions of distal 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) (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>2-24</u> , 1956, to <u>2-25</u> , 1956, that I last saw the deceased alive on <u>2-25</u> , 1956, and that death occurred at <u>6:05 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>M.D. of Columbia, Mo.</u>	23c. DATE SIGNED <u>2-25-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>2/26/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Biggatt</u>	24d. LOCATION (City, town, or county) (State) <u>Biggatt, Ark</u>
DATE REC'D BY LOCAL REG. <u>Feb. 26 1956</u>	REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmore</u>	31- <u>0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Columbia</u>

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed
by me, ~~or by~~, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ernest H. Spindle*

Licensed Embalmer No. *401*

P. O. Address *Columbia*

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.