

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10266

State File No. \_\_\_\_\_

FILED APR 9 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4450 Registrar's No. 608

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY OR TOWN <u>Doniphan</u>	c. LENGTH OF STAY (in this place township) <u>3 years</u>	c. CITY OR TOWN <u>Doniphan</u>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rte. 1</u>		e. STREET ADDRESS (If rural, give location) <u>Rte. 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANDERSON</u> b. (Middle) <u>COMMODORE</u> c. (Last) <u>PROVO</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 22 1956</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Sept. 17, 1922</u>	9. AGE (In years last birthday) <u>33</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>5</u>	IF UNDER 1 HRS. Hours <u>5</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Campbell, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Ira Provo</u>	13b. MOTHER'S MAIDEN NAME <u>Lela York</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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>371-22-7215</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lela McDonald, Campbell, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic parenchymatous nephritis</u> DUE TO (c) <u>diabetes mellitus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>48 Hours</u> <u>6 years</u>
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19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>

22. I hereby certify that I attended the deceased from 11-25-55 1955, to 1-22, 1956, that I last saw the deceased alive on 1-21, 1956, and that death occurred at 2:45 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Henry R. Rosey, D.O.</u>	23b. ADDRESS <u>Doniphan, Mo.</u>	23c. DATE SIGNED <u>3-15-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 25, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elder Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Campbell Missouri</u>
DATE REC'D BY LOCAL REG. <u>3-16-56</u>	REGISTRAR'S SIGNATURE <u>W.R. Johnston</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Landess Funeral Home, Campbell, Mo.</u>	

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

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex-  
posed by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Christina M. Lande*.....

Licensed Embalmer No. *4*.....

P. O. Address *Campbell*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.**  
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.