

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29794

State File No.

FILED OCT 9 1956

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. H033 Registrar's No. 126

Swirl

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

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give town) Amoret		c. CITY (If outside corporate limits, write RURAL and give township) Amoret	
d. FULL NAME OF HOSPITAL OR INSTITUTION Amoret		d. STREET ADDRESS (If rural, give location) Amoret	
3. NAME OF DECEASED a. (First) Bessie		b. (Middle) B.	
c. (Last) Dudley		4. DATE OF DEATH (Month) (Day) (Year) 9 - 3 - 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 4, 1884
9. AGE (In years last birthday) 71		10. UNDER 1 YEAR Months	11. UNDER 2 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Wife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Bates Co., Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James Strait	
13b. MOTHER'S MAIDEN NAME Flora Almond		14. NAME OF HUSBAND OR WIFE Lou Dudley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Lou Dudley		ADDRESS Amoret, Mo.	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation by hanging INTERVAL BETWEEN ONSET AND DEATH Instant ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		974X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Amoret Bates Missouri		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 3 - 1956 10:30 A.M.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? by hanging	
22. I hereby certify that I attended the deceased from Dead on arrival , 19___, that I last saw the deceased alive on ____, 19___, and that death occurred at 10:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE <i>Cloris Swirl</i>		23b. ADDRESS Butler, Missouri	
23c. DATE SIGNED 10-1-1956		23d. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery	
23e. LOCATION (City, town, or county) (State) Butler, Mo.		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 10-3-1956		24c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery	
24d. LOCATION (City, town, or county) (State) Butler, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Arden Underwood	
25. ADDRESS Butler, Mo.		DATE REC'D BY LOCAL REG. Oct 1 - 56	
REGISTRAR'S SIGNATURE <i>Wendall Perry</i>		ADDRESS Butler, Mo.	

17.

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 Robert H. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butte, Md.

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.