

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NO. **34637**  
REGISTRAR'S NO. **95**

FILED OCT 22 1956

Registration District No. **175** Primary Registration District No. **3036**

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
57  
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1. PLACE OF DEATH a. COUNTY <b>LAWRENCE</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>LAWRENCE</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>AURORA</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>AURORA</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BANK HOTEL</b>		Length of stay in 1b	d. STREET ADDRESS <b>BANK HOTEL</b>		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Marie</b> Middle <b>ALLEN</b> Last <b>DUPUYSTER</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>18</b> Year <b>1956</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>SEPT. 27 - 1897</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and state or country) <b>Tunica, Miss.</b>	
13. FATHER'S NAME <b>Dixie Allen</b>			14. MOTHER'S MAIDEN NAME <b>Bonnie Owen</b>		
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. <b>NONE</b>		17. INFORMANT <b>Phillip Dupuyster</b> Address <b>AURORA, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>EDEMENTIA - PARVOX</b> <b>Leading to complete INANITION + DEATH.</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH <b>years _____</b> <b>2 wks.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>3007</b>			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>July 1956</b> to <b>Oct 18 1956</b> and last saw her alive on <b>Oct 2 - 1956</b> Death occurred at <b>11:30 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>A. P. Coyle</b> (Doctor or title)			22b. ADDRESS <b>Aurora, Mo.</b>		22c. DATE SIGNED <b>10-18-56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>10-20-56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>TUNICA Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>TUNICA, MISS</b>
24. FUNERAL DIRECTOR <b>OSCAR L. MARSH, AURORA</b>		25. DATE RECD. BY LOCAL REG. <b>10-18-1956</b>		26. REGISTRAR'S SIGNATURE <b>Ora Mc Natt</b>	

VS FEB 11 1960

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 Myself....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Paul L. Marsh.....

Licensed Embalmer No. 38

P. O. Address Quincy

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.