

Health,  
& Welfare  
Public  
Service

S. 300  
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 3 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39107

STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>McDonald</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cassville</b>		c. CITY OR TOWN <b>Rocky Comfort</b> <i>0620</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Sunset Valley Rest</b>		d. STREET ADDRESS (If outside, give location) <b>Reside on Farm</b>	
Length of stay in lb <b>2 months</b>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Home</b> First <b>Roxie</b> Middle <b>Ozell</b> Last <b>Ford</b>		4. DATE OF DEATH <b>Nov. 22 1957</b> Month <b>Nov.</b> Day <b>22</b> Year <b>1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 18 1875</b>
9. AGE (In years last birthday) <b>82</b>		10. IF UNDER 1 YEAR Months <b>10</b> Days <b>4</b> Hours <b></b> Min. <b></b>	
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 <b>Housewife</b>	
11. BIRTHPLACE (City and state or country) <b>Rocky Comfort, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Billy Duncan</b>		14. MOTHER'S MAIDEN NAME <b>Susan Lamberson</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>V. T. Ford</b>		Address <b>Rocky Comfort, 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>Pneumonitis</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Influenza virus</b> DUE TO (c) <b>480X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>  <b>1 week</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 checked="" 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.)	
20c. TIME OF INJURY Hour <b></b> Month <b></b> Day <b></b> Year <b></b> a. m. <b></b> p. m. <b></b>		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>August 17 to Nov 1957</b> and last saw <u>her</u> alive on <b>Nov 22 1957</b> Death occurred at <b>Nov 22 1957</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Deputy W. D.</b> (Degree or title)		22b. ADDRESS <b>Cassville Mo</b>	
22c. DATE SIGNED <b>11-25-57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-24-57</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Rocky Comfort Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Rocky Comfort, Mo.</b>	
24. FUNERAL DIRECTOR <b>W. Morris Pope Wheeler</b> ADDRESS <b>Mo. 11-27-57</b>		25. DATE RECD. BY LOCAL REG. <b>11-27-57</b>	
26. REGISTRAR'S SIGNATURE <b>Mary McDonald, dep</b>			

(Licensed Embalmer's Statement on Reverse Side)

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 1257-214

DATE REC. 12-2-57

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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 embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed W. Morris Logan

Licensed Embalmer No. 344

P. O. Address Wheeler

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.