

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043674  
STATE FILE NUMBER

FILED DEC 30 1958 Registration District No. 101 Primary Registration District No. Registrar's No. 65

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Spencer		c. CITY OR TOWN Elkhead	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Debra Louise Caudill			4. DATE OF DEATH Dec. 22, 1958		
5. SEX Female			6. COLOR OR RACE White		
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH Oct. 18, 1958		
9. AGE (In years last birthday) 2			IF UNDER 1 YEAR Months 4		IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Ava, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Delbert Caudill				14. MOTHER'S MAIDEN NAME Genola Gaughn			

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT Delbert Caudill, Elkhead, Mo.		Address	
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute BILATERAL VIRUS Infection			INTERVAL BETWEEN ONSET AND DEATH 2 DAY		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Influenza (P)					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 480X					

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 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 Elkhead		COUNTY		STATE Missouri	
21. I attended the deceased from 12-22-58, to 12-22-58 and last saw her alive on 12-22-58. Death occurred at 1:40 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.									

22a. SIGNATURE M. C. Gentry (Degree or title) M.D.C.			22b. ADDRESS AVA, MO			22c. DATE SIGNED 12-23-58		
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-24-58		23c. NAME OF CEMETERY OR CREMATORY Hall		23d. LOCATION (City, town, or county) (State) Elkhead, Missouri			
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24. FUNERAL DIRECTOR ADDRESS Clinkingbeard Funeral Home, Ava, Mo.				25. DATE RECD. BY LOCAL REG. Dec. 27-58		26. REGISTRAR'S SIGNATURE Vestal Bushman			
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service  
40  
300  
1-56  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

M. C. Gentry

MEDICAL CERTIFICATION

At request of family the child was not embalmed

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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 *Charles R. Fish*

Licensed Embalmer No. *461*

P. O. Address *Avon, N.H.*

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.