S. No. 300
v. 10.48

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

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11831

BIRTH NO. 19420-50 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 74

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico
c. LENGTH OF STAY (In this place): 6½ hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Audrain Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Audrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico 0042 0
d. STREET ADDRESS (If rural, give location): 813 No. Olive, Mexico, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Patricia
b. (Middle): Lynn
c. (Last): Head

4. DATE OF DEATH (Month) (Day) (Year): April 13, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 0
8. DATE OF BIRTH: April 13, 1950
9. AGE (In years last birthday): If under 1 year: Months / Days; If under 24 hrs.: Hours 6 / Min. 36

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Mexico, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: Hermit Frank Head
13b. MOTHER'S MAIDEN NAME: ELLEN ARLENE MOXLEY
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Frank Head
ADDRESS: Mexico, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Placenta ~~Previa~~ Previa

DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: — 7615

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-13, 1950, *to* 4-13, 1950, *that I last saw the deceased alive on* 4-13, 1950, *and that death occurred at* 5:25 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ernest S. Gantt (Degree or title): MD
23b. ADDRESS: Mexico, Mo
23c. DATE SIGNED: 4-14-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-14-50
24c. NAME OF CEMETERY OR CREMATORY: Elmwood
24d. LOCATION (City, town, or county) (State): Mexico Mo

DATE REC'D BY LOCAL REG.: April 14 1950
REGISTRAR'S SIGNATURE: Blanche Neely
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS: Mexico Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED APR 17 1950

District Health Officer No. 10

District File Number 4-50-624

Date Filed APR 17 1950

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 Charles V. Greaves

Licensed Embalmer No. 4425

P. O. Address Mexico Me.

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.