

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14177

BIRTH NO.		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 120		
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly Mo			c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higbee Mo			6880	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCormick Hospital				d. STREET ADDRESS (If rural, give location) /				
3. NAME OF DECEASED (Type or Print) a. (First) Donald		b. (Middle) Edward		c. (Last) Daiprai		4. DATE OF DEATH (Month) (Day) (Year) April 27 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Jan 31 1950		9. AGE (In years last birthday) 26	IF UNDER 1 YEAR Months 2	IF UNDER 2 HRS. Days 26	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St Paul Minn.		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Bennie Daiprai			13b. MOTHER'S MAIDEN NAME Nellie Beacom		14. NAME OF HUSBAND OR WIFE			
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.	17. INFORMANT'S SIGNATURE OR NAME Bennie Daiprai		ADDRESS Higbee 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 3 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) pulmonary aspiration				
				DUE TO (c) Tracheo-esophageal fistula				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							7590	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 4-27, 1950, to 4-27, 1950, that I last saw the deceased alive on 4-27, 1950, and that death occurred at 5:30 p.m., from the causes and on the date stated above.								
23a. SIGNATURE U.S. Robinson D.D.O.				23b. ADDRESS Higbee, Mo.		23c. DATE SIGNED 4-27-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 29 1950	24c. NAME OF CEMETERY OR CREMATORY St Mary's		24d. LOCATION (City, town, or county) Moberly Mo		(State) Mo	
DATE REC'D BY LOCAL REG. APR 29 1950		REGISTRAR'S SIGNATURE Seal		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Burton Funeral Home Higbee Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 1 195

RECEIVED

District Health Officer No.

District File Number

Date Filed

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.

Not Embalmed
Signed

Student
Student Embalmer

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.