

FILED JUN 20 1950

STANDARD CERTIFICATE OF DEATH

State File No. **20949**
Registrar's No. **38**

BIRTH NO. **35573-41** REG. DIST. NO. **210** PRIMARY REG. DIST. NO. **4322**

0650

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

1. PLACE OF DEATH a. COUNTY Mercer			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. p. COUNTY Mercer		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton		0650
d. FULL NAME OF HOSPITAL OR INSTITUTION Axtell Hospital			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) Linda	b. (Middle) Lee	c. (Last) Black	4. DATE OF DEATH (Month) (Day) (Year) 5-16-50		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH 5-16-50	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 3 Days 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Mercer Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Edwin L. Black		13b. MOTHER'S MAIDEN NAME Norma Mae Snyder	14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X (If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edwin L. Black Princeton, 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) anencephalus				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) craniorachischisis DUE TO (c) prematurity				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				751X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 5-16-50 , 19___, to 5-16-50 , 19___, that I last saw the deceased alive on 5-16-50 , 19___, and that death occurred at 3:15A m. , from the causes and on the date stated above.					
23a. SIGNATURE Byron L. Axtell, M.D. (Degree or title)			23b. ADDRESS Princeton, Missouri		23c. DATE SIGNED 6/9/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-16-50	24c. NAME OF CEMETERY OR CREMATORY Underwood Ceme.	24d. LOCATION (City, town, or county) (State) Mercer Co. Mo.		
DATE REC'D BY LOCAL REG. 6-12-50	REGISTRAR'S SIGNATURE M. J. Rutledge	393	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Martin Funeral Home Princeton, Mo.		



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.....

Not Embalmed

working under my personal supervision.

Student Embalmer No.....

Signed.....

Juan Martin

Signed.....

Student Embalmer

Licensed Embalmer No. *3760*

P. O. Address

San Antonio, TX

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.