S. No. 300
v. 10.48

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

FILED AUG 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26517

BIRTH NO. 113412-50 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 116

0367

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
c. LENGTH OF STAY (In this place): 1 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington, Missouri
d. STREET ADDRESS (If rural, give location): East 5th St. 0392

3. NAME OF DECEASED (Type or Print)
a. (First): BABY
b. (Middle):
c. (Last): MING

4. DATE OF DEATH (Month) 8 (Day) 12 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 8-12-50
9. AGE (In years last birthday): —; IF UNDER 1 YEAR: Months —, Days —; IF UNDER 24 HRS.: Hours 1, Min. —
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): Washington, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Emmett Ming
13b. MOTHER'S MAIDEN NAME: Irene Durst
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Emmett Ming ADDRESS: Washington, Missouri

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 5 months Gestation — INTERVAL BETWEEN ONSET AND DEATH: Live only one hour.

ANTECEDENT CAUSES

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

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

776.X

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* Aug 12, 1950, *to* Aug 12, 1950, *that I last saw the deceased alive on* Aug 12, 1950, *and that death occurred at* 7:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: B. P. Eisenmann (Degree or title) M.D.
23b. ADDRESS: New Haven, Mo.
23c. DATE SIGNED: Aug 12, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-13-50
24c. NAME OF CEMETERY OR CREMATORY: Ming Cemetery Private
24d. LOCATION (City, town, or county) (State): 4 mile East Highway 100 Washington Missouri

DATE REC'D BY LOCAL REG.: Aug 13, 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE: Otto & Co. Funeral Home by [illegible] ADDRESS: Washington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 1 9 1950
DISTRICT HEALTH OFFICE No. 4
File No. .....

Body was not embalmed

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 W. D. Willenbrink

Licensed Embalmer No. 4511

P. O. Address Washington, Missouri

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.