

FILED AUG 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27586

State File No. \_\_\_\_\_

BIRTH NO. <u>42394-50</u>		REG. DIST. NO. <u>218</u>		PRIMARY REG. DIST. NO. <u>5789</u>		Registrar's No. <u>48</u>	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miss.</u>			
b. CITY: (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - St. James</u>		c. LENGTH OF STAY (in this place) <u>1 hr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		<u>0670</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 1 1/2 N of East Prairie</u>				d. STREET ADDRESS (If rural, give location) <u>1 1/2 North of East Prairie</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BABY</u> b. (Middle) <u>HILL</u> c. (Last) <u>HILL</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>July 22, 1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>		8. DATE OF BIRTH <u>July 22, 1950</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) <u>Miss. Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Hampton Hill</u>		13b. MOTHER'S MAIDEN NAME <u>Gertrude Gage</u>		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 ADDRESS <u>Hampton Hill - East Prairie, Mo. Rt. 1</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity, 6 1/2 Mo</u>  ANTECEDENT CAUSES Morbidity 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.  <u>7 76 X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>	
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 <u>July 22, 1950</u> , to <u>July 22, 1950</u> , that I last saw the deceased alive on <u>July 22, 1950</u> , and that death occurred at <u>4 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. B. Martin MD</u> (Degree or title)		23b. ADDRESS <u>East Prairie, Mo.</u>		23c. DATE SIGNED <u>Aug 9, 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-22-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>W-a-w Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>East Prairie, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 23, 1950</u>		REGISTRAR'S SIGNATURE <u>Anna Harper</u>		FEDERAL DIRECTOR'S SIGNATURE <u>Deputy, Travis Shelby - East Prairie</u> ADDRESS _____			

AUG 25 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. \_\_\_\_\_

Date Filed AUG 25 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 Shelby*

Licensed Embalmer No. 2726

P. O. Address East Prairie

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.