No. 300
20.48

FILED NOV 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35852

BIRTH NO. 78251-50 REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 216

972
0

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Slater Marshall
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fitzgibbons

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Slater 0971
d. STREET ADDRESS (If rural, give location): Broadway St, 0

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Unnamed Baby Miller

4. DATE OF DEATH (Month) (Day) (Year): Oct. 30-'50

5. SEX: male 0

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): baby 0

8. DATE OF BIRTH: Oct. 28-1950

9. AGE (In years last birthday): —
If under 1 year: Months —, Days 2
If under 24 hrs.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): baby

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Marshall, Mo. 0

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: James P. Miller

13b. MOTHER'S MAIDEN NAME: Wanda Norris

14. NAME OF HUSBAND OR WIFE: baby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S SIGNATURE OR NAME: James P. Miller,
ADDRESS: Slater--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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Microcephalic Infant X — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs

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.

7531

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* 10-28, 1950, *to* 10-30, 1950, *that I last saw the deceased alive on* 10-30, 1950, *and that death occurred at* 4:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. A. McBurney (Degree or title) M.D.

23b. ADDRESS: Slater, Mo.

23c. DATE SIGNED: 10-31-50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 10/30/'50

24c. NAME OF CEMETERY OR CREMATORY: Slater City

24d. LOCATION (City, town, or county) (State): Slater, Mo.

DATE REC'D BY LOCAL REG.: Oct. 31-1950

REGISTRAR'S SIGNATURE: Sidney T. Gray 0 385

25. FUNERAL DIRECTOR'S SIGNATURE: Hill Brothers

ADDRESS: Slater Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11-8-58
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 11-8-58

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
Not embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Student Embalmer

Signed A. C. Hill

Licensed Embalmer No. 3090

P. O. Address Platte, Mo

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

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