

FILED DEC 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

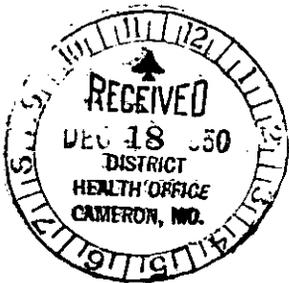
State File No. 40459

BIRTH NO. 80090-50 REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Bethany</u>		c. LENGTH OF STAY (in this place) <u>10 Hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethany Hospital</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>David ?</u> b. (Middle) c. (Last) <u>Kauffman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 11 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>12/11/50</u>	9. AGE (In years last birthday)		10. UNDER 1 YEAR Months Days	
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 <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>	
13a. FATHER'S NAME <u>David Kauffman</u>			13b. MOTHER'S MAIDEN NAME <u>Mary McCollum</u>		14. NAME OF HUSBAND, OR WIFE <u>Infant</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mary Kauffman Bethany, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature infant respiratory deficiency</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>7735</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)		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>Dec 11, 1950</u> , to <u>Dec 11, 1950</u> , that I last saw the deceased alive on <u>Dec 11, 1950</u> , and that death occurred at <u>11:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Miriam Leabart MD</u>				23b. ADDRESS <u>Bethany MO</u>		23c. DATE SIGNED <u>12/12/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/12/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morris Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rural Harrison Co.</u>	
DATE REC'D BY LOCAL REG. <u>12/12/50</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>S. M. G. at</u>		

(Licensed Embalmer's Statement on Reverse Side)

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



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

Student Embalmer No.

working under my personal supervision.

Signed..... *SMA...*

Signed.....
Student Embalmer

Licensed Embalmer No. *1078*

P. O. Address *Bethany, N.C.*

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.