

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

444

State File No. ....

BIRTH NO. 87801-50 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 3

1. PLACE OF DEATH

a. COUNTY Cape Girardeau

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau

c. LENGTH OF STAY (In this place) 6 hrs

d. FULL NAME OF HOSPITAL OR INSTITUTION St Francis Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Mo b. COUNTY New Madrid

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Portageville

d. STREET ADDRESS (If rural, give location) 0721

3. NAME OF DECEASED

a. (First) MITCHELL b. (Middle) GARLAND c. (Last) KIPLINGER

4. DATE OF DEATH (Month) (Day) (Year) Jan 2 1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant

8. DATE OF BIRTH Dec 8-1950

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Mins. - - 25

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME M. S. Kiplinger

13b. MOTHER'S MAIDEN NAME Edna Robinson

14. NAME OF HUSBAND OR WIFE

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

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS M. S. Kiplinger, Portageville

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pneumonia

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. Prematurity!

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH 1 day

7635

3 wks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION (WT - 3 lbs 14 oz)

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) (Minute)

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 2 Jan, 1951, to 2 Jan, 1951, that I last saw the deceased alive on 2 Jan, 1951, and that death occurred at 2 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James A Kinder M.D.

23b. ADDRESS Cape Girardeau, Mo

23c. DATE SIGNED 3 Jan 51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1-4-1950

24c. NAME OF CEMETERY OR CREMATORY Portageville Cem

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

DATE REC'D BY LOCAL REG. 1-3-1951

REGISTRAR'S SIGNATURE T. C. Summers

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Taken care of by friends & neighbors Portageville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

164

RECEIVED

JAN 15 1951

DISTRICT HEALTH OFFICE No. (

Is No. ....

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by \_\_\_\_\_

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No. ....

P. O. Address.....

**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.**