

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5974 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Polk (North Green Township)</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Goodson</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Goodson</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles North of Goodson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles North of Goodson</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles North of Goodson</u>	
3. NAME OF DECEASED a. (First) <u>Infant Daughter of</u> b. (Middle) <u>Miss Joe M. Sides</u> c. (Last) <u>Sides</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 2, 1950</u>	
5. SEX <u>Female</u>		6. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
7. COLOR OR RACE <u>White</u>		8. DATE OF BIRTH <u>Jan. 1, 1937</u>	
9. AGE (In years, last birthday) <u>13</u>		10. MONTHS <u>0</u> DAYS <u>0</u> HOURS <u>11</u> MIN.	
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>Infant</u>	
11. BIRTHPLACE (State or foreign country) <u>Near Goodson, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joe M. Sides</u>		13b. MOTHER'S MAIDEN NAME <u>Geraldine Brain</u>	
14. NAME OF HUSBAND OR WIFE <u>None</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 <u>Mrs. Alpha Mae Brain</u>		ADDRESS <u>Urban, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>asphyxiation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>premature birth</u>	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		762	
Conditions contributing to the death but not related to the disease or condition causing death.			
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) (Min.)		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>Jan 2, 1951</u> , to <u>Jan 2, 1951</u> , that I last saw the deceased alive on <u>Jan 2, 1951</u> , and that death occurred at <u>8 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Cal Bailey</u>		23b. ADDRESS <u>Urban, Mo.</u>	
(Degree or title) <u>no</u>		23c. DATE SIGNED <u>Jan 3, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 2, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Star Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>North of Goodson, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 25, 1951</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>James and Blue Pollock</u>		ADDRESS <u>Urban, Mo.</u>	

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

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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED FEB 1 1951

Dist. File 251-22

Date Filed 2-2-51

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.....

Was not Embalmed.

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Richard B. Ervine

Licensed Embalmer No. 3092

P. O. Address Baltimore, MO.

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.