

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23781

State File No.

BIRTH NO. 30705-51 REG. DIST. NO. PRIMARY REG. DIST. NO. 3046 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Monteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY	
b. CITY OR TOWN <u>California</u>	c. LENGTH OF STAY (to this place) <u>2 hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dr. Robinson's Office</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
			CLANCY	May 24-1951

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>5/24/51</u>	9. AGE (In years last birthday)	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
								30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
			America

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME <u>Marie E. Clancy</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
		No Informer Signature	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Immaturity</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 Min.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Birth at 5 Months</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>776X</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)
		California Monteau, Mo.
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 May 24, 1951, to May 24, 1951, that I last saw the deceased alive on May 19, 1951, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>A. Robinson</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>California, Mo.</u>	23c. DATE SIGNED <u>7/2/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/24/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>A. Robinson's Office</u>	24d. LOCATION (City, town, or county) (State) <u>Monteau, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-24-51</u>	REGISTRAR'S SIGNATURE <u>H.R. Pappas</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marie E. Clancy</u> ADDRESS <u>San Antonio, Mo.</u>
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Buried by Marie Clancy, No Funeral Director

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

5681

RECEIVED 8-4-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-4-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed.....
Student Embalmer

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.