

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26533**

FILED AUG 21 1951

BIRTH NO. **51245-51** REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **97**

1. PLACE OF DEATH a. COUNTY <b>DUNKLIN 0352</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kennett</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kennett 740, 0350</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Dunklin Co. Memorial Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>P.A. #3</b>	

3. NAME OF DECEASED (Type or Print) <b>BABY GIRL</b>	a. (First)	b. (Middle)	c. (Last) <b>WHITE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>8 5 1951</b>
---	------------	-------------	---------------------------	--

5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>BABY</b>	8. DATE OF BIRTH <b>8-4-1951</b>	9. AGE (In years last birthday) Months Days If under 1 year If under 1 min. <b>2 0 0 0 20</b>
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) <b>Dunklin County Missouri</b>
				12. CITIZEN OF WHAT COUNTRY? <b>Dunklin</b>

13a. FATHER'S NAME <b>Jack Lee White</b>	13b. MOTHER'S MAIDEN NAME <b>Sumner Magie</b>	14. NAME OF HUSBAND OR WIFE <b>U.S.A.</b>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>✓</b>	16. SOCIAL SECURITY NO. <b>✓</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Jack White</b>	ADDRESS <b>P.O. # Kennett</b>
--	-------------------------------------	--	----------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>7 1/2 month premature birth</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>undetermined</b> DUE TO (c) <b>✓</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>776 X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>✓</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>✓</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>✓ ✓ ✓</b>
---	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b>✓ ✓ ✓ ✓</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>✓</b>
--	---	--

22. I hereby certify that I attended the deceased from **8-4**, 19**51**, to **8-5**, 19**51**, that I last saw the deceased alive on **8-4**, 19**51**, and that death occurred at **11** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. J. Murphy M.D.</b>	23b. ADDRESS <b>Kennett Mo.</b>	23c. DATE SIGNED <b>8-5-51</b>
--	------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>8-5-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ogallala Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Dunklin Mo.</b>
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. <b>8-5-51</b>	REGISTRAR'S SIGNATURE <b>Carl Hubbard</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Louise Fickard Campbell</b>	ADDRESS <b>7 Mo.</b>
---	--	--	-------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT ..... 8-8-51 .....

COUNTY FILE NUMBER ..... 851-214 .....

---

---

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.