

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38023

State File No.

FILED NOV 29 1951

BIRTH NO. 77742-57 REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 104

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

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u> <u>657-1</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>114 S. Kansas Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brookfield Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ronnie</u>		b. (Middle) <u>- Dale</u>		c. (Last) <u>Fields</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 20, 1951</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov. 17, 1951</u>	9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Brookfield, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Orville Fields</u>	13b. MOTHER'S MAIDEN NAME <u>Mildred Moscoe</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Orville Fields</u>	ADDRESS <u>Marceline, Mo.</u>
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18a. 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.	18b. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure anemia</u>		
	ANTECEDENT CAUSES (c) <u>hemorrhagic icterus neonatorum</u>		
DUE TO (b) <u>hemorrhagic icterus neonatorum</u>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS - 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"/>
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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) <u>Marceline</u> (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 17, 1951, to Nov 20, 1951, that I last saw the deceased alive on Nov 20, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>John Otis Carr</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Marceline Missouri</u>	23c. DATE SIGNED <u>11/26/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/23/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet</u>	24d. LOCATION (City, town, or county) (State) <u>Marceline, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-23-51</u>	REGISTRAR'S SIGNATURE <u>Wynette Burkholder</u> <u>167-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jas. McLaughlin</u>	ADDRESS <u>Marceline, Mo.</u>
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Date Received: NOV 26 1951
DISTRICT HEALTH OFFICE #2
District File Number 11-51-2114
Date Filed: NOV 26 1951

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 _____
Student Embalmer No. _____
working under my personal supervision.

Student _____
Student Embalmer

Signed George W. Damselt
Licensed Embalmer No. 4799
P. O. Address Marceline, 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.