

U.S. No. 300
REV. 10-48

FILED JAN 23 1952

STANDARD CERTIFICATE OF DEATH

State File No. 1

BIRTH NO. 1-52 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u> SCHUYLER	
b. CITY OR TOWN <u>Hicksville</u>		c. CITY OR TOWN <u>Hicksville</u> <u>Queen City</u> 09	
c. LENGTH OF STAY (in this place) <u>12 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>Grinn Smith Memorial Hosp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grinn-Smith Memorial</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Baby</u>	b. (Middle)	c. (Last) <u>Almond</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 11 1952</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>Never Married</u>	8. DATE OF BIRTH <u>11 Jan 1952</u>	9. AGE (In years last birthday) <u>12</u>	IF UNDER 1 YEAR Months <u>12</u> Days	IF UNDER 12 HRS. Hours <u>12</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>James E. Almond</u>	13b. MOTHER'S MAIDEN NAME <u>Deborah Jean Myers</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs James E Almond</u>	ADDRESS <u>Queen City, Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intra cranial Hemorrhage of newborn</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Birth</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) (COUNTY) (STATE)
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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
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22. I hereby certify that I attended the deceased from 1/11, 1952, to 1/11, 1952, that I last saw the deceased alive on 1/11, 1952, and that death occurred at 8:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Hicksville, Missouri</u>	23c. DATE SIGNED <u>1/11/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-11-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Queen City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Queen City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-14-52</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm H West</u>	ADDRESS <u>Queen City</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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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

Wm A West

Licensed Embalmer No. *2882*

P. O. Address *Queens City 912*

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.