S. No. 300
v. 10-48

FILED APR 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12209

BIRTH NO. 20095 REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 140

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

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (in this place): 3 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Callaway Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Callaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton 0143
d. STREET ADDRESS (If rural, give location): Seminole Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): Infant
b. (Middle): Gibson
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Apr. 9, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ~~[illegible]~~ SINGLE
8. DATE OF BIRTH: Apr. 9, 1952
9. AGE (In years last birthday): If under 1 year: Months / Days; If under 24 hrs.: Hours 3 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): nil
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and State or Foreign Country): Fulton Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: —
13b. MOTHER'S MAIDEN NAME: Della Sheley
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): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Dr P. Lanier (Reads) ADDRESS: Fulton Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
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: 776x
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 9, 1952, *to* April 9, 1952, *that I last saw the deceased alive on* April 9, 1952, *and that death occurred at* 11:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Patricia F. Lanier, MD
23b. ADDRESS: 607 Court St.
23c. DATE SIGNED: 9/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 10, 1952
24c. NAME OF CEMETERY OR CREMATORY: Callaway Mem. Gardens
24d. LOCATION (City, town, or county) (State): Fulton Mo.

DATE REC'D BY LOCAL REG.: Apr. 19-1952
REGISTRAR'S SIGNATURE: Maretta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Maupin Funeral Home Fulton

(Licensed Embalmer's Statement on Reverse Side)

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 Larry A. Stewart

Licensed Embalmer No. 3722

P. O. Address Fulton 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.