

FILED MAY 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16265

BIRTH NO. 1639 REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 10460

1. PLACE OF DEATH a. COUNTY <u>Monroe 0461</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christa Hogan</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dolly</u> b. (Middle) <u>Jane</u> c. (Last), <u>Wakefield</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-26-52</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>Caucasian</u>		8. DATE OF BIRTH <u>1/25-57</u>		9. AGE (In years) IF UNDER 1 YEAR IF UNDER 14 HRS. last birthday Months Days Hours Mins <u>12 0 0 0</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Deputy</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Deputy</u>		11. BIRTHPLACE (State or foreign country) <u>West Plains</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>R. E. Wakefield</u>		13b. MOTHER'S MAIDEN NAME <u>Geneva M. Butcher</u>		14. NAME OF HUSBAND OR WIFE <u>R. E. Wakefield, West Plains, Mo</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>R. E. Wakefield, West Plains, Mo</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>R. E. Wakefield, West Plains, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital myocardial weakness.</u> ANTECEDENT CAUSES DUE TO (b) <u>Anemia + illness of mother</u> DUE TO (c) <u>premature birth</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Oxygen + incubator failed to keep alive</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 hours 30 min</u> <u>2 months</u> <u>2 months</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7544</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)				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 1/25, 1952 to 1/26, 1952, that I last saw the deceased alive on 1/25, 1952, and that death occurred at 7:45 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Virgil D. Bailey, D.O.</u>		23b. ADDRESS <u>West Plains, Mo.</u>		23c. DATE SIGNED <u>5/10/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1/27-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>West Plains, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>5-19-52</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert Long, West Plains, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

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.