

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

 State File No. **23675**

FILED AUG 11 1952

 REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **813**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Davies	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pattonsburg, 0310	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital		d. STREET ADDRESS (If rural, give location) R. F. D. Location unknown.	
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) ANNE	c. (Last) DUTRO
4. DATE OF DEATH (Month) (Day) (Year) July 30- 1952			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH November 12-1951
9. AGE (In years last birthday) 8	IF UNDER 1 YEAR Months 18	IF UNDER 24 HRS. Days 18	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Bethany, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Duane Dutro		13b. MOTHER'S MAIDEN NAME Nadine Kerna	14. NAME OF HUSBAND OR WIFE none
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nadine Dutro, Pattonsburg, Mo. RFD.
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) Encephalitis. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) virus 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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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) St. Joseph Buch. Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from July 29, 1952 , to July 30, 1952 , that I last saw the deceased alive on July 30, 1952 , and that death occurred at 12:15 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE H. E. Petersen M.D. (Degree or title)		23b. ADDRESS St. Joseph, Mo	23c. DATE SIGNED 8-1-52
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE July 30-1952	24c. NAME OF CEMETERY OR CREMATORY Coffey Cemetery	24d. LOCATION (City, town, or county) (State) Pattonsburg, Missouri.
DATE REC'D BY LOCAL REG. Aug. 2, 1952	REGISTRAR'S SIGNATURE Carl E. Costello	25. FUNERAL DIRECTOR'S SIGNATURE Walter Plehoffer	ADDRESS St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Raymond W. Morehead

Signed.....
Student Embalmer

Licensed Embalmer No. 4413

P. O. Address St. Joseph, Missouri.

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.