

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23688

State File No. ....

FILED AUG 11 1952

BIRTH NO. 384 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 820

1. PLACE OF DEATH a. COUNTY <b>BUCHANAN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>HOLT</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. JOSEPH</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>OREGON-RURAL FORBES TWP</b>	
c. LENGTH OF STAY (In this place) <b>2 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>NONE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MISSOURI METHODIST HOSP.</b>		<b>0440</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>DAVID</b>	b. (Middle) <b>PAUL</b>	c. (Last) <b>HEADLEY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 31 1952</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>INFANT</b>	8. DATE OF BIRTH <b>JAN. 8 1952</b>
9. AGE (In years) (last birthday) <b>6</b>	10. MONTHS <b>23</b>	11. BIRTHPLACE (State or foreign country) <b>ST. JOSEPH, MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		

13a. FATHER'S NAME <b>PAUL ELMER HEADLEY</b>	13b. MOTHER'S MAIDEN NAME <b>REBECCA JANE ILSLEY</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>PAUL E. HEADLEY</b>	ADDRESS <b>OREGON, MO.</b>
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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 <b>5 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <b>Pneumonia - virus type</b>		
	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 <b>492x</b>	20. AUTOPSY? YES <input checked="" 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) (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 July 29, 1952, to July 31, 1952, that I last saw the deceased alive on July 31, 1952, and that death occurred at 7:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>James H. Pettigrew</i>	23b. ADDRESS <b>St. Joseph, Missouri</b>	23c. DATE SIGNED <b>8-1-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>AUG. 2, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MAPLE GROVE</b>	24d. LOCATION (City, town, or county) (State) <b>OREGON, MO.</b>
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DATE REC'D BY LOCAL REG. <b>AUGUST 4, 1952</b>	REGISTRAR'S SIGNATURE <i>Carl C. Caster</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>James H. Pettigrew</i>	ADDRESS <b>Oregon, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300  
EV. 10.48

**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

*James H. Pettigrew*

Licensed Embalmer No. 3192

P. O. Address. Oregon 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.