No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42074

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 186

403 P

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trenton
c. LENGTH OF STAY (in this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wright Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Grundy
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trenton 0402
d. STREET ADDRESS (If rural, give location): 505 Wiggins.

3. NAME OF DECEASED (Type or Print)
a. (First): LeROY
b. (Middle): Lex
c. (Last): Hein

4. DATE OF DEATH (Month) (Day) (Year): Dec 22 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: Dec 22 1952
9. AGE (In years last birthday): If under 1 year: Months / Days; If under 24 hrs.: Hours / Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Trenton, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Leland Lex Hein
13b. MOTHER'S MAIDEN NAME: Anna Margaret Ashbrook
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: L. L. Hein ADDRESS

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 6 months

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 776 X
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* Dec 22d, 1952, *to* Dec 22d, 1952, *that I last saw the deceased alive on* Dec 22d, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Oliver F. Duffy M.D.
23b. ADDRESS: Trenton Mo.
23c. DATE SIGNED: Dec 22d 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-23-52
24c. NAME OF CEMETERY OR CREMATORY: Maple Grove Cemetery.
24d. LOCATION (City, town, or county) (State): Trenton Missouri

DATE REC'D BY LOCAL REG.: 12-23-52
REGISTRAR'S SIGNATURE: Irene Fain
25. FUNERAL DIRECTOR'S SIGNATURE: Harris ~ Blackmore
ADDRESS: Trenton, Mo.

Oliver Duffy M.D.

(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.....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed J. Gordon Blackmon

Licensed Embalmer No. 4602

P. O. Address Trenton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.