S. No. 300
v. 10.48

0850
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 27 1953

State File No. 18974

BIRTH NO. 31034 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4431 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dixon
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):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pulaski
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 0850
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): No Name Baby
b. (Middle):
c. (Last): Pelikan

4. DATE OF DEATH (Month) 5 (Day) 22 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): X 0
8. DATE OF BIRTH: 5/22/1953
9. AGE (In years last birthday): If under 1 year: Months: Days: If under 24 hrs.: Hours: Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): X
10b. KIND OF BUSINESS OR INDUSTRY: X
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Nazer Pelikan
13b. MOTHER'S MAIDEN NAME: Lena Mae Beauchamp
14. NAME OF HUSBAND OR WIFE: X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): X (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mr. Nazer Pelikan, Dixon, Missouri

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: 30 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) hydramnion

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: 774 X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): X
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): X
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): X m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: X

22. *I hereby certify that I attended the deceased from* May 22, 1953, *to* _____, 19____, *that I last saw the deceased alive on* May 22, 1953, *and that death occurred at* 4:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE Conley Hales (Degree or title) D.O.
23b. ADDRESS: Dixon, Mo.
23c. DATE SIGNED: 5-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/22/1953
24c. NAME OF CEMETERY OR CREMATORY: Pisgah
24d. LOCATION (City, town, or county) (State): Pulaski County, Missouri

DATE REC'D BY LOCAL REG.: 5-22-53
REGISTRAR'S SIGNATURE: Eula Faye Anderson 458
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Fred H. Gilbert, Dixon, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 5-23-53

File Number

RECEIVED 5-22-53

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 Maurice E Schierbaum

Licensed Embalmer No. 4505

P. O. Address Dixon, 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.