

STANDARD CERTIFICATE OF DEATH

38163

State File No.

FILED NOV 24 1953

REG. DIST. NO. 4

PRIMARY REG. DIST. NO. 4014

Registrar's No. 87

1. PLACE OF DEATH a. COUNTY Atchison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison					
b. CITY (If outside corporate limits, write RURAL and give township) Fairfax		c. LENGTH OF STAY (in this place) birth		c. CITY (If outside corporate limits, write RURAL and give township) Fairfax		0030			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Fairfax Community Hospital				d. STREET ADDRESS (If rural, give location) 0					
3. NAME OF DECEASED a. (First) INFANT			b. (Middle)		c. (Last) WHITE		4. DATE OF DEATH (Month) (Day) (Year) Nov 14, 1953		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant		8. DATE OF BIRTH Nov 14, 1953		9. AGE (In years last birthday) * # * #	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Fairfax, Missouri.			12. CITIZEN OF WHAT COUNTRY? U.S		
13a. FATHER'S NAME Robert L. White			13b. MOTHER'S MAIDEN NAME Harriet Fay			14. NAME OF HUSBAND OR WIFE infant			
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 Robert L. White			ADDRESS Omaha, Nebraska		
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, assthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prema ture infant -						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 5 1/2 months gestation							
		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 type="checkbox"/> NO <input checked="" 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) 776 X					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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 11/14/53 , 19___, to 11/14/53 , 19___, that I last saw the deceased alive on 11/14/53 , 19___, and that death occurred at 8 a. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) E. G. Niedermeyer, M.D.				23b. ADDRESS Tarkio, Mo.			23c. DATE SIGNED 11/14/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11/ /53		24c. NAME OF CEMETERY OR CREMATORY Home Cemetery		24d. LOCATION (City, town, or county) (State) Tarkio, Mo.			
DATE REC'D BY LOCAL REG. Nov 20, 1953		REGISTRAR'S SIGNATURE Therain H. Schaefer			443		25. FUNERAL DIRECTOR'S SIGNATURE Davis Funeral Home		
					ADDRESS Tarkio, 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 2344

P. O. Address Jurks NW

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.