

STANDARD CERTIFICATE OF DEATH

State File No. **42406**

FILED JAN 7 1954

BIRTH NO.

REG. DIST. NO. **77**PRIMARY REG. DIST. NO. **3016**Registrar's No. **369**

1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (In this place) 1 hr		c. CITY OR TOWN Jefferson City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				e. STREET ADDRESS (If rural, give location) R. R # 5 0260			
3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) Hentges c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Dec 27, 1953				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Never Married	8. DATE OF BIRTH Dec 27, 1953		9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 45
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Paul Hentges		13b. MOTHER'S MAIDEN NAME Anna Mae Kauffman		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 Paul Hentges J. C. Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature labor + delivery DUE TO (c) Unknown cause				INTERVAL BETWEEN ONSET AND DEATH 45 min	
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) 776 X			
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?			
22. I hereby certify that I attended the deceased from Dec 27, 1953 , to Dec 27, 1953 , that I last saw the deceased alive on Dec 27, 1953 , and that death occurred at 3:45 AM , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. Donald Shull, M.D.				23b. ADDRESS 521 E. High St. Jefferson City, Mo.		23c. DATE SIGNED Dec 28 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 28, 1953	24c. NAME OF CEMETERY OR CREMATOR Resurrection		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo;		
DATE REC'D BY LOCAL REG. Dec 30-1953		REGISTRAR'S SIGNATURE R.P. Davis MA-MR-8		25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Dulle		ADDRESS J.C. 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.....
Signature of Student Embalmer

Signed..... *Sylvester Dulle*
Licensed Embalmer No. *4301*
P. O. Address *Jefferson City, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.