

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43870**

FILED JAN 5 1954
BIRTH NO. **9/200** REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **263**

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

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Cook	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Skokie	
c. LENGTH OF STAY (In this place) 4hrs		d. STREET ADDRESS (If rural, give location) 8537 N. Crawford	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Phelps County Hospital		8120 8	

3. NAME OF DECEASED (Type or Print)	a. (First) JAY	b. (Middle) ALLEN	c. (Last) PARTRIDGE	4. DATE OF DEATH (Month) (Day) (Year) Dec. 28, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Dec. 28, 1953	9. AGE (In years last birthday) 4	IF UNDER 1 YEAR 19	IF UNDER 24 HOURS 19
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Rolla, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Ronald L. Partridge	13b. MOTHER'S MAIDEN NAME Marilyn R. Mueller	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Ronald L. Partridge	ADDRESS 8537 N. Crawford, Skokie, Ill
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 hrs 19 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Birth		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 24 weeks gestation		
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"/>
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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)	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 **12/28, 1953**, to **12/28, 1953**, that I last saw the deceased alive on **12/28, 1953**, and that death occurred at **12:30P** m., from the causes and on the date stated above.

23a. SIGNATURE W. M. Collier	(Degree or title) Doct	23b. ADDRESS Rolla Mo	23c. DATE SIGNED 12/28/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 28, 1953	24c. NAME OF CEMETERY OR CREMATORY Rolla	24d. LOCATION (City, town, or county) (State) Rolla, Missouri
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DATE REC'D BY LOCAL REG. Dec. 28, 1953	REGISTRAR'S SIGNATURE Nadine L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE W. M. Collier	ADDRESS 100 Elm. Rolla, Mo.
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embalmed

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

Not Embalmed

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

J. H. Hallen

Licensed Embalmer No. *3649*

P. O. Address *Rocka, Md*

Failure

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.