

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH44924
State File No.
182
Registrar's No.

Dr. Pascoe
94882
FILED JAN 5 1954

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY OR TOWN Nevada
c. LENGTH OF STAY (If outside corporate limits, write RURAL and give township) 1 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri
b. COUNTY Vernon
c. CITY OR TOWN Nevada 1082
d. STREET ADDRESS (If rural, give location) 1204 W. White

3. NAME OF DECEASED
a. (First) Paul
b. (Middle) David
c. (Last) Current
4. DATE OF DEATH (Month) (Day) (Year) Dec. 28-1953

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0
8. DATE OF BIRTH Dec. 27-1953
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. — — — 11 20

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

13a. FATHER'S NAME Robert B. Current
13b. MOTHER'S MAIDEN NAME Elizabeth Roberts
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Robert B. Current ADDRESS Nevada, 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) Foetal asphyxia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bruch delivery - prolonged cord & cervix contracted about baby's neck.
DUE TO (c) 7 wks premature
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 11 hrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 76 & 5
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) (Min.)
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 27, 1953, to Dec 28, 1953, that I last saw the deceased alive on Dec 27, 1953, and that death occurred at 5:55 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James Pascoe MD
23b. ADDRESS Nevada, Mo.
23c. DATE SIGNED Dec 29 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-29-1953
24c. NAME OF CEMETERY OR CREMATORY Newton Cemetery
24d. LOCATION (City, town, or county) (State) Nevada, Vernon, Mo.

DATE REC'D BY LOCAL REG. 12-29-1953
REGISTRAR'S SIGNATURE Arma E. Ferry 451
25. FUNERAL DIRECTOR'S SIGNATURE Allen V. Hays ADDRESS Nevada, Mo.

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 A. H. Parmadube

Licensed Embalmer No. 2070

P. O. Address Quincy, 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 this body is not embalmed, fact should be so stated above.