

FILED AUG 9 - 1954

THE HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22182

BIRTH NO. 41645-54 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 843

I. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 1 day		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp.		e. STREET ADDRESS (If rural, give location) 114 E. Moose St. <u>01170</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) MALINDA	b. (Middle) LOU	c. (Last) PERKS	4. DATE OF DEATH (Month) 7 (Day) 28 (Year) 1954
-------------------------------------	--------------------	-----------------	-----------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 7-27-1954	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0	IF UNDER 1 YEAR Days 1	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
---------------	------------------------	--	----------------------------	-----------------------------------	--------------------------	------------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	--	-------------------------------------

13a. FATHER'S NAME James Perks	13b. MOTHER'S MAIDEN NAME Alice Honeycutt	14. NAME OF HUSBAND OR WIFE None
--------------------------------	---	----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type no. or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME James Perks	ADDRESS 114 E. Moose St.
---	------------------------------	---	--------------------------

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 St. Joseph, Mo.		INTERVAL BETWEEN ONSET AND DEATH 12 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis of newborn</u>		
ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.		X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION X 7620	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) X	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) 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 July 27, 1954, to July 28, 1954, that I last saw the deceased alive on July 28, 1954, and that death occurred at 7:00A m., from the causes and on the date stated above.

23a. SIGNATURE H. E. Wachter M.D.	(Degree or title)	23b. ADDRESS Kerkpatrick Bldg (B)	23c. DATE SIGNED 7/30/54
-----------------------------------	-------------------	-----------------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-29-1954	24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
--	---------------------	--	---

DATE REC'D BY LOCAL REG. Aug 2, 1954	REGISTRAR'S SIGNATURE Father M. Williams	FEDERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Joseph, 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, ~~only~~, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Allan E. Bazar*.....

Licensed Embalmer No. *479*.....

P. O. Address *St. Joseph*.....

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.