

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22358

State File No.

BIRTH NO. 57192-54 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 281

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CAPE GIRARDEAU</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u> <u>0164</u>	
c. LENGTH OF STAY (in this place) <u>10 HRS</u>		d. STREET ADDRESS (If rural, give location) <u>CAPE OSTEOPATHIC HOSP.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>CAPE OSTEOPATHIC HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>(BABY)</u> b. (Middle) <u>TIERNEY</u> c. (Last) <u>TIERNEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 23, 1954</u>		
---	--	--	---	--	--

5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>July 23, 1954</u>		9. AGE (In years last birthday) if under 1 year: Months Days Hours Min. <u>- - - 10 -</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>CAPE GIRARDEAU, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>MARVIN DALE TIERNEY</u>		13b. MOTHER'S MAIDEN NAME <u>VIRGINIA DARE DRAKE</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
---	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MARVIN D. TIERNEY - CHAFFEE, Mo.</u>		ADDRESS	
--	--	-------------------------------------	--	---	--	---------	--

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prématurity</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ceasarean Section at 6 1/2 Months</u> DUE TO (c) <u>Right Uterine Obstruction due to Pregnancy</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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)	
--	--	--	--	---	--

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 7/23, 1954, to 7/23, 1954, that I last saw the deceased alive on 7/23, 1954, and that death occurred at 6:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. J. Newell</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>288 Spanish Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>July 27, 1954</u>	
--	--	---	--	---------------------------------------	--

24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-24-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>UNION PARK CEMETERY CHAFFEE, Mo.</u>		24d. LOCATION (City, town, or county) (State)	
--	--	----------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>7-28-54</u>		REGISTRAR'S SIGNATURE <u>W. C. Summers</u> <u>44-01</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jack J. Burnett - Chaffee Mo.</u>		ADDRESS	
---	--	---	--	---	--	---------	--

(Licensed Embalmer's Statement on Reverse Side)

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

I have White 13 mm no more 13 mm

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed

Jack L. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.