

FILED JUL 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25920

BIRTH NO. _____ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 6098 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>not known</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <input checked="" type="checkbox"/> b. COUNTY <input checked="" type="checkbox"/>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberals, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>0980</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>not known</u> b. (Middle) <u>not known</u> c. (Last) <u>not known</u>			4. DATE OF DEATH (Month) <u>July</u> (Day) <u>19</u> (Year) <u>1954</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>approx July 18 59</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>not known</u>	11. BIRTHPLACE (State or foreign country) <u>not known</u>
13a. FATHER'S NAME <u>not known</u>		13b. MOTHER'S MAIDEN NAME <u>not known</u>	14. NAME OF HUSBAND OR WIFE <u>not known</u>
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 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Pre-mature Birth 5 1/2 Months</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Body found highway 12/6</u> <u>Coroner's inquest - premature infant</u> DUE TO (c) <u>5 1/2 Months Age</u> 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)	
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?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m, from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Davidson</u> (Degree or title) <u>D.S. Coroner</u>		23b. ADDRESS <u>Lancaster, Mo.</u>	23c. DATE SIGNED <u>7/19/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>7/19/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>V. White cems. Lancaster</u>	24d. LOCATION (City, town, or county) (State) <u>Mo.</u>
DATE REC'D BY LOCAL REG. <u>7/19/54</u>	REGISTRAR'S SIGNATURE <u>Chas. Rufus Drake</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Morehead's Norman Lancaster Mo.</u>	

(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
Student Embalmer

Signed *Minnie Morehead*

Licensed Embalmer No. *3680*

P. O. Address *Lancaster, Md*

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.