

FILED OCT 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31462**

BIRTH NO. 71920-54		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 4427		Registrar's No. 705	
1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pulaski			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville		c. LENGTH OF STAY (In this place) 2 Hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ft Leonard Wood		0850	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION General Hospital				d. STREET ADDRESS (If rural, give location) 720 Rolla Circle			
3. NAME OF DECEASED (Type or Print) Baby		a. (First) Girl		c. (Last) Bowling		4. DATE OF DEATH (Month) (Day) (Year) Sept 30 1954	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Sept 30 1954	
9. AGE (In years last birthday) 2		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Clyde Bowling		13b. MOTHER'S MAIDEN NAME Billie Jean Rushing		14. NAME OF HUSBAND OR WIFE None	
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 Clyde Bowling ADDRESS 720 Rolla Circle			
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) asphyxial at delivery meningocephalus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 750 X				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)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 Sept 30, 1954 , to Sept 30, 1954 , that I last saw the deceased alive on Sept 30, 1954 , and that death occurred at 11 Am., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. E. Musser, M.D.				23b. ADDRESS Waynesville Missouri		23c. DATE SIGNED Oct 1 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 1 54		24c. NAME OF CEMETERY OR CREMATORY Crocker Memorial Cem		24d. LOCATION (City, town, or county) (State) Crocker Missouri	
DATE REC'D BY LOCAL REG. 10-1-54		REGISTRAR'S SIGNATURE Carla Lynn Anderson		25. LICENSED EMBALMER'S SIGNATURE Hedges Funeral Homes Inc		ADDRESS Crocker M	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 10-2-54
File Number _____

Missouri County Health Officer

RECEIVED 10-1-54

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 _____

working under my personal supervision. _____
Student Embalmer No. _____

Student _____
Student Embalmer _____

Signed _____

Licensed Embalmer No. 4896

P. O. Address _____

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.