No. 300
10-48

FILED NOV 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34865

BIRTH NO. 79879-54 REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 197

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rolla
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Phelps County Memon Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Phelps ~~Dent~~
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rolla
d. STREET ADDRESS (If rural, give location): 1000 W. 10th

0812 0

3. NAME OF DECEASED (Type or Print)
a. (First): ~~Baby Boy~~ Howard
b. (Middle): Wayne
c. (Last): Southards

4. DATE OF DEATH (Month) (Day) (Year): Oct. 31, 1954

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: 10-30-54
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 1; IF UNDER 24 HRS. Hours / Min.: 7

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 (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: Amer.

13a. FATHER'S NAME: Samuel Southards
13b. MOTHER'S MAIDEN NAME: Edith Record
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. M L Jacobs 13 Leonard Dr. Rolla

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Premature, 23 wks
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pregnancy
DUE TO (c): Baby lived 2 days in iron lung (air lock)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: age 2 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
776 X
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) m.
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* 10-29, 1954, *to* 10-31, 1954, *that I last saw the deceased alive on* 10-31, 1954, *and that death occurred at* 6:53 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M K Underwood M. D.
23b. ADDRESS: 202 West 10th Rolla, Mo.
23c. DATE SIGNED: 10-31-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 1, 1954
24c. NAME OF CEMETERY OR CREMATORY: MT. HERMON CEMETERY
24d. LOCATION (City, town, or county) (State): DENT Co., Mo.

DATE REC'D BY LOCAL REG.: Nov. 1, 1954
REGISTRAR'S SIGNATURE: Nadine L. Stoll 38 [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Blackwell-Warfel Salem, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number
Date Filed NOV 10 1954

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 No embalming working under my personal supervision.

Student Embalmer No.....

Signed Max L. Warfel

Signed.....
Student Embalmer

Licensed Embalmer No. 4170

P. O. Address Salem, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.