No. 300
10.48

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FILED OCT 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

618 State File No. 36260

BIRTH NO. 15693-54 REG. DIST. NO. 302 PRIMARY REG. DIST. NO. 5787 Registrar's No. 85

1. PLACE OF DEATH
a. COUNTY: Taney
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cedar Creek
c. LENGTH OF STAY (In this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: TANEY
c. CITY OR TOWN: Beaver Creek
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Rural 1000

3. NAME OF DECEASED (Type or Print)
a. (First): Jessie
b. (Middle): Roy
c. (Last): Persinger

4. DATE OF DEATH (Month) (Day) (Year): 10-18-54

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: 10-15-54
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months: — Days: 3 — IF UNDER 24 HRS.: Hours: — 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): Cedar Creek MO
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: John Persinger
13b. MOTHER'S MAIDEN NAME: Oma Mullinoy
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: John Persinger — ADDRESS: Cedar Creek Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Premature Crude — INTERVAL BETWEEN ONSET AND DEATH: 3 hr

ANTECEDENT CAUSES

Morbid 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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 7543
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* 10/15, 1954, *to* 10/18, 1954 *that I last saw the deceased alive on* 10/18/54, 19__ *and that death occurred at* 1:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title) 2400
23b. ADDRESS: Branson Mo
23c. DATE SIGNED: 10/18/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: [redacted] 10-19
24c. NAME OF CEMETERY OR CREMATORY: Cobb Cemetery
24d. LOCATION (City, town, or county) (State): Cedar Creek MO

DATE REC'D BY LOCAL REG.: 10-25-54
REGISTRAR'S SIGNATURE: S E Cogswell 376
25. FUNERAL DIRECTOR'S SIGNATURE: R O Mitchell — ADDRESS: Branson 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 embal

by me, or by .....not Embalmed....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Minnie L. Whitehead.....

Licensed Embalmer No. 8277.....

P. O. Address Branson M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.