

No. 300  
10.48

75789-54 THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36337

State File No. ....

FILED NOV 15 1954

BIRTH NO. ... REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 4552 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <b>Wright</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Wright</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mansfield, Mo.</b>		c. LENGTH OF STAY (in this place) <b>13 hrs</b>	c. CITY OR TOWN <b>Mtn. Grove, Mo.</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Mansfield General Hosp.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>1140</b>	
e. STREET ADDRESS (If rural, give location) <b>(Rural) 6 Miles North of Mtn. Grove</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Micky</b> b. (Middle) <b>Lee</b> c. (Last) <b>Micham</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 13, 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>XXX</b>	8. DATE OF BIRTH <b>Oct. 11, 1954</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>XXX</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>XXX</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mtn. Grove, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Harold A. Micham</b>		13b. MOTHER'S MAIDEN NAME <b>Shirley Kilpatrick</b>		14. NAME OF HUSBAND OR WIFE <b>XXX</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>XXX</b>		16. SOCIAL SECURITY NO. <b>XXX</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Harold A. Micham, Mtn. Grove, Mo.</b>	

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) <b>Atelectasia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Prematurity &amp; Immaturity</b> 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  <b>48 hrs.</b>	
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) <b>7625</b>	
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 10/11, 1954, to 10/13, 1954, that I last saw the deceased alive on 10/13, 1954, and that death occurred at 3:00 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Richard G. Witehem DO2</b>		23b. ADDRESS <b>Mtn. Grove, Mo</b>		23c. DATE SIGNED <b>10/13/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 14,</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Willow Springs Cem.</b>	
				24d. LOCATION (City, town, or county) (State) <b>Wright County, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>10/16/54</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b> 384		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>[Signature] Mtn. Grove, Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

WRIGHT CO. HEALTH DEPT.  
County File Number 154-120  
Date Filed 11-19-54

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

Student.....  
Signature of Student Embalmer

Signed..... 

Licensed Embalmer No. 385

P. O. Address Mt. Vernon

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.