

No. 300
10.48

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37222

BIRTH NO. 69004-54 REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Noeues</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>	
b. CITY OR TOWN <u>West Plains</u>		c. CITY OR TOWN <u>Dora</u>	
c. LENGTH OF STAY (If this place) <u>1 hr</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christa Hogan</u>		0470 1	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dallas</u> b. (Middle) <u>Cash</u> c. (Last) <u>Jr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-29-54</u>		
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5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>10-29-54</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	11. BIRTHPLACE (State or foreign country) <u>West Plains Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Dallas Cash</u>	13b. MOTHER'S MAIDEN NAME <u>Helen Hicks</u>	14. NAME OF HUSBAND OR WIFE <u>✓</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dallas Cash, Dora Mo</u>	ADDRESS <u>7625</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary atelectasis</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Premature birth</u> 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10/29, 1954, to 10/29, 1954, that I last saw the deceased alive on 10/29, 1954, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ed Callihan</u>	(Degree or title) <u>0</u>	23b. ADDRESS <u>West Plains, Mo</u>	23c. DATE SIGNED <u>11-6-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>10</u>	24b. DATE <u>10/30-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Director</u>	24d. LOCATION (City, town, or county) (State) <u>Dora Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-15-54</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	379-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert West</u>	ADDRESS <u>West Plains Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

046

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 J. D. Roberts

Licensed Embalmer No. 3437

P. O. Address West Plains

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.