

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37981

State File No.

BIRTH NO. 34446-54 REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4315 Registrar's No.

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Macon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>La Plata</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Plata</u> | |
| c. LENGTH OF STAY (In this place) <u>3 Mo.</u> | | d. STREET ADDRESS (If rural, give location) <u>0610</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Kathy</u> | | b. (Middle) <u>Lee</u> | |
| c. (Last) <u>Bullock</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 28, 1954</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>June 27, 1954</u> |
| 9. AGE (In years last birthday) <u>5</u> | | IF UNDER 1 YEAR Months <u>5</u> Days <u>1</u> | IF UNDER 24 HRS. Hours <u>---</u> Min. <u>---</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>James Bullock</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Marilyn Crawford</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Bullock La Plata, Mo.</u> |
| 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS <u>Baby got on face wedged in corner of crib and could not turn head.</u> | |
| INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u> | | 19a. DATE OF OPERATION | |
| 19b. MAJOR FINDINGS OF OPERATION <u>E 9240 18</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>La Plata Macon Mo.</u> | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-28-54 7 a. m.</u> |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Baby got on face in corner of crib & could not turn head.</u> | | |
| 22. I hereby certify that I attended the deceased from <u>July</u> , 1954, to <u>Nov 28</u> , 1954, that I last saw the deceased alive on <u>Nov. 27, 1954</u> , and that death occurred at <u>7 a. m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Harold S. Childs</u> | | 23b. ADDRESS <u>La Plata Mo.</u> | |
| 23c. DATE SIGNED <u>11-28-54</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>Nov 29, 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>La Plata Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>La Plata, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. B. J. Griffing, 186- Hennerty, Wilson La Plata Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Dec 4 1954</u> | | REGISTRAR'S SIGNATURE <u>Mrs. B. J. Griffing</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

0610

RECEIVED 12. 6. 54
MACON COUNTY HEALTH DEPARTMENT
County File No. 12. 54. 191
Date Filed 12/10/54

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
Student Embalmer

Signed

Hennery M. Wilcox

Licensed Embalmer No. 4701

P. O. Address La Plata, Mo.

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.