

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41924

State File No.

BIRTH NO. 45539-54 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 465

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|---|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Sedalia, Mo.</u> c. LENGTH OF STAY (In this place) <u>8 hours</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia, Mo.</u> <u>0804</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Memorial Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>602 South Mountain</u> <u>0</u> | |
| 3. NAME OF DECEASED a. (First) <u>Michael</u> b. (Middle) <u>—</u> c. (Last) <u>Metcalfe</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 20 1954</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u> | 8. DATE OF BIRTH <u>15 July 1954</u> |
| 9. AGE (In years last birthday) <u>5</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>5</u> Hours <u>—</u> Min. <u>—</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | |
| 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>—</u> | 11. BIRTHPLACE (State or foreign country) <u>Sedalia, Mo.</u> <u>0</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | 13a. FATHER'S NAME <u>Wilbur D. Metcalfe</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Betty Chamberlain</u> | | 14. NAME OF HUSBAND OR WIFE <u>none</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Wilbur D. Metcalfe</u> ADDRESS <u>602 S. Mountain Sedalia, 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, asthenia, etc. It means the disease, injury, or complication which caused death. | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Postop emulectomy left eyeball</u> | | <u>1 week</u> | |
| DUE TO (c) <u>—</u> | | | |
| II. OTHER SIGNIFICANT CONDITIONS? Conditions contributing to the death but not related to the disease or condition causing death. <u>Premature at Birth</u> | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | <u>388?</u> | |
| 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 <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 <u>Birth</u> , 19 <u>—</u> , to <u>20 Dec</u> , 1954, that I last saw the deceased alive on <u>20 Dec</u> , 1954, and that death occurred at <u>11:10 P.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Ronald C. Probst M.D.</u> | | 23b. ADDRESS <u>Sedalia, Mo</u> | |
| 23c. DATE SIGNED <u>21 Dec 1954</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>Dec 23, 1954</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Proctor Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Benton Co, Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>12-23-54</u> | | REGISTRAR'S SIGNATURE <u>Lovina Cooney</u> ADDRESS <u>251 1/2 S. 1st St. Sedalia, Mo</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Giesy</u> | | ADDRESS <u>Lincoln, Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

John F. Reser
.....
Licensed Embalmer No. *4098*

P. O. Address *Wasaw*

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.