

5. No. 309
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 FILED DEC 15 1954

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

44427
 State File No. 44427
 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 329

BIRTH NO.		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 329		
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		d. STREET ADDRESS (If rural, give location) 219 Filmore		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital								
3. NAME OF DECEASED a. (First) b. (Middle) c. (Last) (Type or Print) Mary Baker			4. DATE OF DEATH Dec 4, 1954 (Month) (Day) (Year)					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH Dec. 3, 1954		9. AGE (In years last birthday) —	IF UNDER 1 YEAR Months —	IF UNDER 12 HRS. Hours Min. 6	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Mo.		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME Virginia Anne Baker		14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mo ADDRESS Virginia Anne Baker Jefferson Cit				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) atelectasis of lung ANTECEDENT CAUSES Premature birth 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. 7625					INTERVAL BETWEEN ONSET AND DEATH 6 hrs 6 hrs	
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)				
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?				
22. I hereby certify that I attended the deceased from 12/3, 1954, to 12/4, 1954 that I last saw the deceased alive on 12/4, 1954, and that death occurred at 2 A m., from the causes and on the date stated above.								
23a. SIGNATURE D. Kanagawa (Degree or title) M.D.				23b. ADDRESS 1441 Meyer Bldg		23c. DATE SIGNED 12/4/54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 4, 1954		24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson City Mo.		
DATE REC'D BY LOCAL REG. Dec 7-54		REGISTRAR'S SIGNATURE R. P. Norris M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Victor Bueschu Jefferson City Mo.				

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 ^{Not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Victor Busocher

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.