

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18086

State File No.

FILED JUN 20 1955

Registrar's No. 185

BIRTH NO. 3456055 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016

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

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>2215 Oakview</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u> b. (Middle) <u>—</u> c. (Last) <u>Dallmeyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 12 1955</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>6-12-1955</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. <u>— — — — 30</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Jefferson City, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Phillip A. Dallmeyer</u>		

13b. MOTHER'S MAIDEN NAME <u>Viivian Joyce Robinson</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>		
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 ADDRESS <u>Phil A. Dallmeyer, Jefferson City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GROSS IMMATURITY (23 WKS GESTATION)</u> INTERVAL BETWEEN ONSET AND DEATH <u>30 MIN.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE OF (b) <u>PREMATURE BIRTH</u>	
		DUPLICATE OF (c) <u>PREMATURE PLACENTAL SEPARATION</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7615</u>		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 6-12, 1955, to 6-12, 1955, that I last saw the deceased alive on 6-12, 1955, and that death occurred at 5:55 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ed Donald Shull, M.D.</u>	23b. ADDRESS <u>521 E. HIGH ST. JEFFERSON CITY, MO.</u>	23c. DATE SIGNED <u>6-13-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>6/13/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>68</u>
24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>June 18-1955</u>	REGISTRAR'S SIGNATURE <u>R.P. Harris</u>	FURNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jefferson City, Mo.</u>
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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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.