

FILED JUL 15 1955

STANDARD CERTIFICATE OF DEATH

State File No. 20777

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE No. b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) Slater		c. CITY OR TOWN Slater	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 hrs		e. STREET ADDRESS (If rural, give location) 097/0	
d. FULL NAME OF HOSPITAL OR INSTITUTION none			

3. NAME OF DECEASED (Type or Print) a. (First) Dexter b. (Middle) Wayne c. (Last) Petty			4. DATE OF DEATH (Month) (Day) (Year) July-- 2-1955	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby	8. DATE OF BIRTH July, 2nd '55	
9. AGE (In years last birthday) 2		IF UNDER 1 YEAR Months 2 Days 2		IF UNDER 24 HRS. Hours 2 Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Baby		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Slater, Mo.
12. CITIZEN OF WHAT COUNTRY?				

13a. FATHER'S NAME Petty Eugene		13b. MOTHER'S MAIDEN NAME Dolores Duncan		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) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Junior Duncan	
				ADDRESS Slater, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Baby				1/2 hour.	
ANTECEDENT CAUSES		DUE TO (b) _____			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 776x		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)		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 July 2, 1955, to July 2, 1955, that I last saw the deceased alive on July 2, 1955, and that death occurred at 4 p. m., from the causes and on the date stated above.

23a. SIGNATURE J. Nelson James M.D.		(Degree or title)		23b. ADDRESS 214 1/2 N. Main Slater, Mo.	
23c. DATE SIGNED 7-6-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/3/1955	
24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) Slater, Mo.		(State)	

DATE REC'D BY LOCAL REG. 7/9/55		REGISTRAR'S SIGNATURE Mr. Earl C. Metz		25. FUNERAL DIRECTOR'S SIGNATURE Hill Brothers	
				ADDRESS Slater, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *A. C. Hill*

Licensed Embalmer No.

P. O. Address..... *Stat*

Premature baby, was not embalmed

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.