

FILED AUG 26 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27019

BIRTH NO. 30527-55 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 4320 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <b>Marion</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Palmyra</b> )		c. LENGTH OF STAY (in this place) <b>life</b>	c. CITY OR TOWN <b>Palmyra</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>207 E. Hamilton Street</b>			STREET ADDRESS (If rural, give location) <b>207 E. Hamilton Street</b>		
3. NAME OF DECEASED a. (First) <b>David</b> b. (Middle) <b>Michael</b> c. (Last) <b>Filkins</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 29 1955</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>31 May 1955</b>		9. AGE (in years last birthday) <b>0</b> IF UNDER 1 YEAR Months <b>2</b> Days <b>18</b> IF UNDER 1 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Hannibal, Missouri</b>	
13a. FATHER'S NAME <b>Russell Filkins</b>		13b. MOTHER'S MAIDEN NAME <b>Dorothy Shannon</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Russell Filkins, Palmyra, Mo.</b> ADDRESS			
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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Septicemia</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Streptococcus infect of throat</b> DUE TO (c) <b>0530</b>				INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b> <b>2 da</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <b>July 28, 1955</b> to <b>July 29, 1955</b> , that I last saw the deceased alive on <b>July 28, 1955</b> , and that death occurred at <b>4:30 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>[Signature]</b> (Degree or title)			23b. ADDRESS <b>Palmyra, Mo</b>		23c. DATE SIGNED <b>8/1/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>30 July 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	24d. LOCATION (City, town; or county) (State) <b>Palmyra, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>8/22/55</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>Palmyra, Mo.</b>		

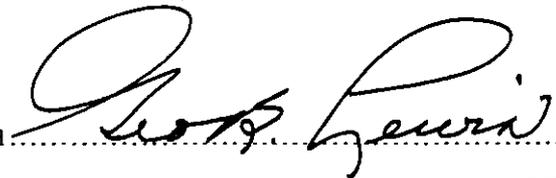
RECEIVED AUG 24 1955  
MARION CO. HEALTH DEPT.  
DATE FILED AUG 24 1955

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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.....  
Signature of Student Embalmer

Signed  .....

Licensed Embalmer No. 2382

P. O. Address Palmyra, M

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.