

FILED OCT 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34363

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>TEXAS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		c. CITY OR TOWN <u>PLATO</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General Hosp</u>		STREET ADDRESS (If rural, give location) <u>10701</u>	

3. NAME OF DECEASED (Type or Print) <u>Baby Girl McComas</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16 1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>	8. DATE OF BIRTH <u>Oct. 16, 1955</u>	9. AGE (In years last birthday) Months Days <u>- - 28</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 (City and State or Foreign Country) <u>Waynesville, Mo.</u>	
			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Clarence R. McComas</u>		13b. MOTHER'S MAIDEN NAME <u>Helen L. Smallfoot</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clarence McComas</u>	
				ADDRESS <u>Plato, 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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity (5 1/2 months)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>28 min.</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) <u>unknown</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Unknown - Syphilis + RH - Factor</u>			

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>been excluded</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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.) <u>- - - - -</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>- - - - -</u>			

22. I hereby certify that I attended the deceased from Oct. 16, 1955, to Oct. 16, 1955, that I last saw the deceased alive on Oct. 16, 1955, and that death occurred at 7:29 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Durus, md</u>		(Degree or title)		23b. ADDRESS <u>Houston, Mo.</u>		23c. DATE SIGNED <u>10-16-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Oct 17-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crocker Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-17-55</u>		REGISTRAR'S SIGNATURE <u>Clara Lynn Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Billy Jr. Hedger</u>		ADDRESS <u>Richland Mo</u>	

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

(Signed Embalmer's Statement on Reverse Side)

RECEIVED 10-17-55
Pulaski County Health Officer
Date Filled 10-22-55
File Number

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.. *Not Embalmed*

Student.....
Signature of Student Embalmer

Signed... *Clarence Snow*

Licensed Embalmer No. *482*

P. O. Address *Wagon*

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.