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BIRTH NO. **85254-55** REG. DIST. NO. **379** PRIMARY REG. DIST. NO. **4533** Registrar's No. **133**

1. PLACE OF DEATH a. COUNTY Wright			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Douglas			
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Mansfield		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Cwa		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 Mansfield Hospital			e. STREET ADDRESS (If rural, give location) 2340			
3. NAME OF DECEASED (Type or Print) a. (First) Brenda Kay b. (Middle) Alma c. (Last) Alma			4. DATE OF DEATH (Month) (Day) (Year) Nov. 17 1955			
5. SEX Fm.	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 17, 1955	9. AGE (in years last birthday) 1	IF UNDER 1 YEAR* Months 1 Days 1	
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) Mansfield Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Murrell Alma		13b. MOTHER'S MAIDEN NAME Bernice Perichellau		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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Murrell Alma - Cwa Mo.			
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fetal atelectasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pralapse of DUE TO (c) Cord drug deliv II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 1 hour
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7610		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) (Minute)		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 11-17 , 19 55 , to 11-17 , 19 55 , that I last saw the deceased alive on 11-17 , 19 55 , and that death occurred at 10:08 pm., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Newton N. Kelly M.D.			23b. ADDRESS Mansfield Mo.		23c. DATE SIGNED 11-20-55	
24a. MURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 11-19-55	24c. NAME OF CEMETERY OR CREMATORY Cwa	24d. LOCATION (City, town, or county) (State) Cwa Mo.			
DATE REC'D BY LOCAL REG. 11/25/55	REGISTRAR'S SIGNATURE Stuart R. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chickeringhead Funeral Home		ADDRESS Cwa Mo.	

WRIGHT CO. HEALTH DEPT.
County File Number 1255-129
Date Filed DEC 8 1955

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 Charley R. Fish
Licensed Embalmer No. 466
P. O. Address Avon, MA

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.