

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14309

State File No. _____

BIRTH NO. 65735-55 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <u>RANDOLPH</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>			
b. CITY OR TOWN <u>MOBERLY</u>		c. LENGTH OF STAY (in this place) <u>5 mo.</u>	c. CITY OR TOWN <u>BRUNSWICK</u>		d. STREET ADDRESS (If rural, give location) <u>618-W-FREEMONT</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WOODLAND HOSP.</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>BABY</u> b. (Middle) <u>RICHARDSON</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>4-14-56</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>BABY</u>	8. DATE OF BIRTH <u>9-16-55</u>	9. AGE (In years last birthday) <u>5</u>	10. MONTHS <u>6</u> 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>Mo - Kansas City</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>Child of Mrs. Mary Hill - Foster Parent</u>		14. NAME OF HUSBAND OR WIFE (If in this State)		
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 <u>MARK HILL</u> ADDRESS <u>BRUNSWICK</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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction due to mass in rt. abdomen; etiology not known</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Primary Atypical Pneumonia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Always a feeding problem; Marasmic infant</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Since birth</u> <u>7 d</u> <u>Few days</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>5705</u>	
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) <u>Moberly</u> <u>MO</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 <u>14 Apr</u> , 19 <u>56</u> , to _____, 19____, that I last saw the deceased alive on <u>14 Apr</u> , 19 <u>56</u> , and that death occurred at <u>8:35 P m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>W. D. Ghute</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>208 1/2 N. 4th Moberly, Mo.</u>		23c. DATE SIGNED <u>17 Apr 56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-16-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Brunswick Mo</u>			
DATE REC'D BY LOCAL REG. <u>4-16-56</u>	REGISTRAR'S SIGNATURE <u>Frank W. Lauer</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>T. E. McLaughlin</u> ADDRESS _____				

(Licensed Embalmer's Statement on Reverse Side)

APR 30 1958

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 *L. E. McCurry*

Licensed Embalmer No. *4806*

P. O. Address *Brunswick, N.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.