

FILED JUL 2 1958 THE DIVISION OF HEALTH - MISSOURI STANDARD CERTIFICATE OF DEATH

State File **19669**

BIRTH NO. **968** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **692**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY OR TOWN St Joseph, Mo.	c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN St Joseph	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 St Joseph's Hosp. Mo.		e. STREET ADDRESS (If rural, give location) 2506 St Joseph Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Vickie b. (Middle) Gynn c. (Last) Moutray	4. DATE OF DEATH (Month) (Day) (Year) June 20 1958
5. SEX Female 6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH June 20 1956	9. AGE (In years) (Last birthday) 1 (Months) 4 (Days) 0 (Hours) 40 (Mins.)

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) St Joseph, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Harry Ace Moutray	13b. MOTHER'S MAIDEN NAME Sandra June Todd	14. NAME OF HUSBAND OR WIFE
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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. NO	17. INFORMANT'S SIGNATURE OR NAME Harry Moutray ADDRESS 1212 Zippans St Joseph, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis (approx 4 1/2 mo) pregnancy.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Maternal Fever of undetermined origin - cause of prematurity			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Delivering	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **6-20**, 19**56**, to **6-20**, 19**58**, that I last saw the deceased alive on **6-20**, 19**56**, and that death occurred at **2:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm B. Bauman M.D.	23b. ADDRESS 316 No 10th St. City	23c. DATE SIGNED 6-21-58
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6/21/1958	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, & county) (State) St Joseph, Mo.
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DATE REC'D BY LOCAL REG. June 26, 1958	REGISTRAR'S SIGNATURE Kathleen M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Heaton - Bauman - St Joseph, Mo.	ADDRESS
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WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

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.....

James B. Hawkins

Licensed Embalmer No. 453

P. O. Address 319 So 10th St

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.