FILED JUL 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21417

BIRTH NO. 40132-56 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 271

1. PLACE OF DEATH
a. COUNTY: PETTIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SEDALIA
c. LENGTH OF STAY (In this place): 8hrs 27min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BOTHWELL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: PETTIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HOUSTONIA
d. STREET ADDRESS (If rural, give location): 202 SOUTH WALNUT

3. NAME OF DECEASED (Type or Print)
a. (First): PATTY b. (Middle): LOUISE c. (Last): BIRKETT

4. DATE OF DEATH (Month) (Day) (Year): July 6, 1956

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: July 6, 1956
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours 8 / Min. 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE - infant.
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): SEDALIA, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: STEVEN W. BIRKETT
13b. MOTHER'S MAIDEN NAME: KATHERINE D. SANDERS
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs Dee Sanders — ADDRESS: HOUSTONIA 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) Hyaline Membrane Disease — INTERVAL BETWEEN ONSET AND DEATH: 8 hr.

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
5272
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 July, 1956, *to* 6 July, 1956, *that I last saw the deceased alive on* 6 July, 1956, *and that death occurred at* 6:15 p m., *from the causes and on the date stated above.*

22a. SIGNATURE (Degree or title): Donald C. Porter M.D.
23b. ADDRESS: Sedalia, Mo.
23c. DATE SIGNED: 6 July 1956

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JULY 7 1956
24c. NAME OF CEMETERY OR CREMATORY: Houstonia Mo
24d. LOCATION (City, town, or county) (State): Houstonia Mo.

DATE REC'D BY LOCAL REG.: 7-6-56
REGISTRAR'S SIGNATURE: A. J. Campbell M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: L. F. Parker Sweet Springs, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 not Embalmed, Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sweet Springs, M

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

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