

FILED NOV 19 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37086

STATE FILE NUMBER

167978-56 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1186

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>BUCHANAN</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>KANSAS</b> b. COUNTY <b>DONIPHAN</b>                   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits<br>OR Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>TOWN <b>ST. JOSEPH</b>  |  | c. CITY OR TOWN <b>ELWOOD</b> Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |
| c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b<br>HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL (Osteopathic)</b>  |  | d. STREET ADDRESS (If outside, give location) Reside on Farm<br><b>_____</b> Yes <input type="checkbox"/> No <input type="checkbox"/>                       |   |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>INFANT GIRL DROZ</b>  |  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>NOV. 1, 1956</b>   |
| 5. SEX<br><b>FEMALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b>   | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>NOV. 1, 1956</b>   |
| 9. AGE (In years last birthday)  |  | IF UNDER 1 YEAR IF UNDER 24 HRS.<br>Months Days Hours Min.<br><b>7 15 8 20</b>  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>none</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>none</b>  | 11. BIRTHPLACE (City and state or country)<br><b>ST. JOSEPH, MO.</b>                              |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |  | 13. FATHER'S NAME<br><b>not given</b>   |   |
| 14. MOTHER'S MAIDEN NAME<br><b>ROSALIE DROZ</b>  |  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                   |   |
| 16. SOCIAL SECURITY NO.<br><b>NONE</b>   |  | 17. INFORMANT Address<br><b>BETTY DROZ, ST. JOSEPH, MO</b>  |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>NEONATORUM ASPHYXIA</b>  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 HRS.</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>PREMATURITY -</b>  |  |   |   |
| DUE TO (c) <b>NEPHRITIS OF MOTHER.</b>   |  |   | <b>6 Mo.</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)<br><b>7699</b>  |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |   |   |
| 20c. TIME OF INJURY<br>Hour a. m. p. m.<br>Month, Day, Year  |  |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)    | 20f. CITY, TOWN, OR LOCATION  | COUNTY STATE  |
| 21. I attended the deceased from <b>NOV. 1, 1956</b> to <b>NOV. 1, 1956</b> and last saw her alive on <b>8:20 Pm</b><br>Death occurred at <b>11/1/56 8:20 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |  |   |   |
| 22a. SIGNATURE<br>(Dwight or title)<br><b>Lambert H. Pearson, D.O.</b>   |  | 22b. ADDRESS<br><b>6207 KING HILL, City</b>   | 22c. DATE SIGNED<br><b>NOV. 2, 56</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>   | 23b. DATE<br><b>Nov 2, 1956</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Ashland Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Joseph, Mo.</b>                           |
| 24. FUNERAL DIRECTOR<br><b>Barry-Harman Fun. Home, St. Jos., Mo.</b>   | ADDRESS  | 25. DATE RECD. BY LOCAL REG.<br><b>Nov. 8, 1956</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Eugene M. Allison</b>   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms will be listed. All

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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 *Charles M. Z...*

Licensed Embalmer No. *44*

P. O. Address *Waltham*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.