

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40377

STATE FILE NUMBER

FILED DEC 11 1956
84934-56

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 236

1. PLACE OF DEATH a. COUNTY Vernon			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada City Hosp			Length of stay in lb 7hrs		d. STREET ADDRESS (If outside, give location) Howard TWD.
3. NAME OF DECEASED (Type or print) INFANT			First REES Middle REES Last REES		4. DATE OF DEATH Month DECEMBER Day 5 Year 1956
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 4, 1956		9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months 0 Days 0 Hours 7 Min. 25
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 country) Nevada, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Howard L. Rees			14. MOTHER'S MAIDEN NAME Vera Louise Hartman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT Address Howard L. Rees Hume, Missouri	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atelectasis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Prematurity DUE TO (c) 76 25					INTERVAL BETWEEN ONSET AND DEATH 7hrs. & 20Min
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? 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 Hour 7 Month 12 Day 4 Year 1956 a. m. 00 p. m. 00					
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 Dec 4, 1956 to Dec. 5, 1956 and last saw him him alive on Dec. 5, 1956 Death occurred at 7:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE L. P. McCann, M. D. (Degree or title)			22b. ADDRESS Moore Bldg. Nevada, Mo.		22c. DATE SIGNED 1956 Dec. 7, 1956
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 12/7/56	23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery		23d. LOCATION (City, town, or county) (State) Rich Hill, Missouri
24. FUNERAL DIRECTOR Beeth Funeral Serv. Rich Hill, Mo. ADDRESS 12-8-1956			25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE Anna E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
000-56
Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no cause. Coroner cannot certify to a death due to natural causes. USE-ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *John H. Underwood*.....

Licensed Embalmer No. *358*.....

P. O. Address *Butler*.....

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.