

FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43091**

BIRTH NO. **90348-56** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11201**

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY ST. FRANCIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) 2 days		c. CITY OR TOWN Knob Lake		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CHILDREN'S				e. STREET ADDRESS (If rural, give location) Knob Lake 0940 1			
3. NAME OF DECEASED (Type or Print) a. (First) Pharbe b. (Middle) NANETTE c. (Last) GOMZ			4. DATE OF DEATH (Month) (Day) (Year) 12 4 56				
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 11-29-56		9. AGE (In years last birthday) 6	IF UNDER 1 YEAR Months 6 Days 6 Hours 6 Min.	IF UNDER 2 HRS. Hours 6 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William Gomz			13b. MOTHER'S MAIDEN NAME Shirley Kinney		14. NAME OF HUSBAND OR WIFE NONE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME JJ Graham			ADDRESS 500 S Kings Highway
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) Atelectasia + Pneumothorax					INTERVAL BETWEEN ONSET AND DEATH 6 days	
	ANTECEDENT CAUSES DUE TO (b) Prematurity					DUE TO (c) 6 days	
	MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.						
	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 762.5				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 12-2 , 1956, to 12-4 , 1956, that I last saw the deceased alive on 12-4 , 1956, and that death occurred at 5:45 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Barbara Jones, M.D.				23b. ADDRESS Childrens Hospital		23c. DATE SIGNED 12-6-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC. 14, 1956		24c. NAME OF CEMETERY OR CREMATORY Knob Lake Cem.		24d. LOCATION (City, town, or county) (State) Knob Lake, MO.	
DATE REC'D BY LOCAL REG. DEC 7 1956		REGISTRAR'S SIGNATURE Paul Smith		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS COZEAN-FARMINGTON MO.			

FEB 21 1957

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 *W E Morris*.....

Licensed Embalmer No. *336*.....

P. O. Address *St Louis*.....

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.