

FILED NOV 25 1957

## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 368

|  |                           |   |  |  |   |   |   |
|--|---------------------------|---|--|--|---|---|---|
| 1. PLACE OF DEATH  |                           |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)                |   |   |   |
| a. COUNTY<br>Cole  |                           | b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits<br>OR<br>TOWN Jefferson City, Mo. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  | a. STATE<br>Missouri   |   | b. COUNTY<br>Callaway   |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION<br>St. Marys Hospital  |                           |   |  | c. CITY OR TOWN Holt Summit, Mo. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |   |
| 3. NAME OF DECEASED (Type or print)<br>INFANT  |                           |   | First Middle Last<br>Mc KIM  |  |   | 4. DATE OF DEATH<br>NOV. 15, 1957   |   |
| 5. SEX<br>Female   | 6. COLOR OR RACE<br>White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>                   | 8. DATE OF BIRTH<br>Nov. 15, 1957  | 9. AGE (In years last birthday)<br>0   | IF UNDER 1 YEAR<br>Months Days Hours Min.<br>0 00 00 00                     | IF UNDER 24 HRS.<br>00 00 00 00   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>At Home   |                           | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and state or country)<br>Jefferson City, Mo.                                    |   | 12. CITIZEN OF WHAT COUNTRY?<br>USA   |   |
| 13. FATHER'S NAME<br>Malcum Mc Kim   |                           |   |  | 14. MOTHER'S MAIDEN NAME<br>Mary Rose Fields   |   |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>no  |                           | 16. SOCIAL SECURITY NO.<br>none   |  | 17. INFORMANT Address<br>Malcum Mc Kim Holt Summit, Mo.  |   |   |   |
| 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) <i>Acute Hepatitis (Etiology?)</i>  |                           |   |  |  |   |   | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |                           | DUE TO (b)  |  | DUE TO (c)   |   |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br><i>Premature Infant</i>   |                           |   |  |  |   |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year<br>a. m. p. m.  |                           |   |  |  |   |   |   |
| 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 <i>Nov. 15, 1957</i> to <i>Nov. 15, 1957</i> and last saw her <sup>best</sup> alive on <i>Nov. 15, 1957</i><br>Death occurred at <i>4:35 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated. |                           |   |  |  |   |   |   |
| 22a. SIGNATURE (Degree or title)<br><i>Francis T. Meind M.D.</i>   |                           |   |  | 22b. ADDRESS<br><i>Jefferson City, Mo</i>  |   |   | 22c. DATE SIGNED<br><i>Nov. 18, 1957</i>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>   |                           | 23b. DATE<br><i>11/16/57</i>  | 23c. NAME OF CEMETERY OR CREMATORY<br><i>Resurrection</i>                                    |  | 23d. LOCATION (City, town, or county) (State)<br><i>Jefferson City, Mo.</i> |   |   |
| 24. FUNERAL DIRECTOR<br><i>Sylvester Rulle</i>   |                           | ADDRESS<br><i>J. C. Mo.</i>   | 25. DATE RECD. BY LOCAL REG.<br><i>19 Nov. 1957</i>  |  | 26. REGISTRAR'S SIGNATURE<br><i>R. P. Harris, M.D.</i>                      |   |   |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

S. 300  
v. 1-56

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..... *Sylvester A. Kelle*

Licensed Embalmer No. *43*

P. O. Address *Jefferson*

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.