

FILED JAN 29 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

652-58

485

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STODDARD</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CAPE GIRARDEAU</u> c. LENGTH OF STAY (in this place) <u>6 Hrs.</u>		c. CITY OR TOWN <u>ADVANCE</u> d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SOUTHEAST Mo. Hosp.</u> STREET ADDRESS (If rural, give location) <u>-</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>DONALD</u> c. (Last) <u>HEADBETTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 9, 1958</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	
8. DATE OF BIRTH <u>JAN. 9, 1958</u>		9. AGE (In years last birthday) <u>3</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>50</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>-</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>DONALD RAY HEADBETTER</u>		13b. MOTHER'S MAIDEN NAME <u>SHEBA HINKLE</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>DONALD RAY HEADBETTER</u> ADDRESS <u>ADVANCE Mo.</u>	

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) <u>Hyaline Membrane Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Prematurity (36 wks.)</u>			
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 _____		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) <u>7735</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 Jan 9, 1958, to Jan 9, 1958, that I last saw the deceased alive on Jan 9, 1958, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Israel M. Hotworth, M.D.</u> (Degree or title)		23b. ADDRESS <u>24 N. Sprigg Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>1/10/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Jan 9/58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MORGAN MEM. PK.</u>	
24d. LOCATION (City, town, or county) (State) <u>ADVANCE, MISSOURI</u>					

DATE REC'D BY LOCAL REG. <u>Jan 12, 1958</u>		REGISTRAR'S SIGNATURE <u>Mrs. Homer E. Cooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Lyle S. Mingo, Sr. Advance</u> ADDRESS _____	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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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..... *W<sup>m</sup> H Mayan*

Licensed Embalmer No. *464*

P. O. Address..... *Adwau*

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.