

FILED JAN 21 1958

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 5

300  
-57

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1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Vernon</u>	
b. CITY OR TOWN <u>Washington Township</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Washington Township</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>10 3/4 hrs</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>JACK - WAYNE - ROSE</u>			4. DATE OF DEATH Month Day Year <u>Jan 12, 1958</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 12/58</u>	9. AGE (In years last birthday) <u>Infant</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>10 3/4</u>	IF UNDER 24 HRS. Hours Min. <u>10 3/4</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and state or country) <u>State Hospital 3</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jack Rose</u>	13b. MOTHER'S MAIDEN NAME <u>Zelma Custeringer</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mother - Zelma Rose State Hosp 3</u>	Address <u>State Hosp 3</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Post Natal Asphyxia (Blue)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 3/4 hrs</u>
DUE TO (b) <u>pulmonary atelectasia</u>		
DUE TO (c) <u>Baby lived 10 3/4 hours after delivery</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>7620</u>		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.) <u>None</u>
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20c. TIME OF INJURY Hour Month, Day, Year <u>None</u>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	20f. CITY, TOWN, OR LOCATION <u>None</u>	COUNTY <u>None</u>	STATE <u>None</u>
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21. I attended the deceased from <u>Jan 12/58</u> to <u>Jan 12/58</u> and last saw her alive on <u>Jan 12/58</u> Death occurred at <u>4</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>Paul L. Baronem D</u>	22b. ADDRESS <u>State Hospital 3 Nevada Mo</u>	22c. DATE SIGNED <u>Jan 12/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>1-13-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Forest Park Cem.</u>	23d. LOCATION (City, town or county) (State) <u>Joplin Mo</u>
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24. FUNERAL DIRECTOR <u>Shenton Jurel Haw - Nuda Mo</u>	ADDRESS <u>41-17-1958</u>	25. DATE RECD. BY LOCAL REG. <u>Jan 17-1958</u>	26. REGISTRAR'S SIGNATURE <u>Anna G. Ferry</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Lloyd C. McLeod* .....

Licensed Embalmer No. *4853* .....  
P. O. Address *Meriden, Mo.* .....

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.