

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020894  
STATE FILE NUMBER

30001  
FILED JUL 8 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 288

1. PLACE OF DEATH a. COUNTY <b>BOONE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>REYNOLDS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>COLUMBIA</b>		c. CITY OR TOWN <b>REYNOLDS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR UNIVERSITY OF INSTITUTION <b>MISSOURI HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>HIGHWAY 72</b>	
3. NAME OF DECEASED (Type or print) <b>BABY GIRL MCTASNEY</b>		4. DATE OF DEATH <b>JUNE 2, 1958</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JUNE 2, 1958</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		11. BIRTHPLACE (City and state or country) <b>Columbia, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>MERLE MCTASNEY</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		17. INFORMANT <b>MOTHER</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hydrops fetalis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Erythroblastosis fetalis</b> DUE TO (c) <b>RH sensitization</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Conyugal</b> <b>Conyugal</b> <b>Conyugal</b>
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 Month, Day, Year a.m. p.m.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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		20g. COUNTY STATE	
21. I attended the deceased from <b>6/2/58 9:01 AM</b> , to <b>6/2/58 9:21 AM</b> and last saw her alive on <b>6/2/58</b> Death occurred at <b>6:21 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Mary Bowen M.D.</b>		22b. ADDRESS <b>University of Missouri Hospital</b>	
22c. DATE SIGNED <b>6/2/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>6-2-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Parents' home</b>		23d. LOCATION (City, town, or county) (State) <b>Reynolds Mo.</b>	
24. FUNERAL DIRECTOR <b>Parents</b>		25. DATE RECD. BY LOCAL REG. <b>July 2 1958</b>	
		26. REGISTRAR'S SIGNATURE <b>Mrs R.E. Palmrose</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 .....

Licensed Embalmer No.....

P. O. Address.....

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.