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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

66494-58

58-029877
STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 340

Filed AUG 25 1958

1. PLACE OF DEATH a. COUNTY Pettis	**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN 0804 Sedalia — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital — Length of stay in 1b 7 days	d. STREET ADDRESS (If outside, give location) 1800 South Kentucky — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First DEBORAH	Middle JO	Last NAYLOR	**4. DATE OF DEATH** Month August Day 20 Year 1958
5. SEX Female	**6. COLOR OR RACE** White	**7. MARRIED** [ ] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ] 0	**8. DATE OF BIRTH** August 13, 1958	**9. AGE** (In years last birthday) — IF UNDER 1 YEAR: Months, Days 7 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ********	**10b. KIND OF BUSINESS OR INDUSTRY** ********	**11. BIRTHPLACE** (City and state or country) Sedalia, Missouri 0	**12. CITIZEN OF WHAT COUNTRY?** U.S.A.	
13a. FATHER'S NAME not obtainable	**13b. MOTHER'S MAIDEN NAME** Anna Dell Naylor	**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) **********	**16. SOCIAL SECURITY NO.** ********	**17. INFORMANT** Anna Dell Naylor, Address 1800 South Kentucky, Sedalia, Mo.		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prematurity

DUE TO (c) 7635

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 16 Aug 1958, to 20 Aug 1958 and last saw her/~~him~~ alive on 19 Aug 1958

Death occurred at 4:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Donald C. Grotta M.D. 0	**22b. ADDRESS** Sedalia, Mo.	**22c. DATE SIGNED** 20 Aug 1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	**23b. DATE** 8/21/58	**23c. NAME OF CEMETERY OR CREMATORY** Memorial Park Cemetery	**23d. LOCATION** (City, town, or county) (State) Sedalia, Missouri
24. FUNERAL DIRECTOR Duane Evans	**ADDRESS** Sedalia, Mo.	**25. DATE RECD. BY LOCAL REG.** Aug 20, 1958	**26. REGISTRAR'S SIGNATURE** Frances Shelby

(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.

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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 R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

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.