

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016585

STATE FILE NUMBER

Registration District No. 373 Primary Registration District No. 45745 Registrar's No. 23

FILED APR 20 1959

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>aubster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>missouri</u> b. COUNTY <u>aubster</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>marshfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>marshfield</u> 1120 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Blinn Clinic Life</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last (Type or print) _____ <u>STAMP</u>			4. DATE OF DEATH Month Day Year <u>4 11 1959</u>
5. SEX <u>fr.</u>	6. COLOR OR RACE <u>au</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>4-11-1959</u>
9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min <u>0 0 0 3</u> <input checked="" type="checkbox"/>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>
11. BIRTHPLACE (City and state or country) <u>marshfield, mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>u.s.</u>	
13a. FATHER'S NAME <u>Bob Bon out of wedlock</u>		13b. MOTHER'S MAIDEN NAME <u>June Scullen</u>	
14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Sam Roy Scullen</u> Address <u>Buffalo, mo.</u>	
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>ANOXIA</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7593</u>
DUE TO (b) _____ DUE TO (c) <u>MULTIPLE CONGENITAL ANOMALIES</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (g) <u>ABSENCE OF LEFT LUNG - RUDIMENTARY RIGHT LUNG - LT. DIAPHRAGMATIC DEFECT - DEXTROCARDIA - HEPATO MEGALY.</u>			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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.	
20d. INJURY OCCURRED WHILE AT <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 <u>4-11-59</u> to <u>SAME</u> and last saw her alive on <u>4-11-59</u> Death occurred at <u>4:46 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>marshfield, mo.</u>	
22c. DATE SIGNED <u>4/14/59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-13-1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Church Grove</u>		23d. LOCATION (City, town, or county) (State) <u>Dallas Co. mo.</u>	
24. FUNERAL DIRECTOR <u>L.B. Jones</u> ADDRESS <u>Buffalo mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-17-1959</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

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 me, Student Embalmer No. 4 working under my personal supervision.

Student V  
Signature of Student Embalmer

Signed R. E. Cheatham

Licensed Embalmer No. 3813

P. O. Address. Buffalo

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.