URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 29 1960 43

Registration District No. _____ Primary Registration District No. 3007 Registrar's No. 100

-60-005302
STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY: Butler.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Poplar Bluff.
Length of stay in 1b: 5 hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lucy Lee Hospital.
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri. b. COUNTY: CARTER.
c. CITY OR TOWN: GRANDIN. Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): 1 Mi. W. OF GRANDIN (PARENTS RESIDENCE ABOVE). Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: David Middle: Edward Last: Frederick.
4. DATE OF DEATH: Month: Jan. Day: 23, Year: 1960.
5. SEX: Male.
6. COLOR OR RACE: white.
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-23-60.
9. AGE (last birthday): — — —
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: 5 Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Never Worked.
10b. KIND OF BUSINESS OR INDUSTRY: — — —
11. BIRTHPLACE (City and state or country): Poplar Bluff, Missouri.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Edward Lee Frederick.
13b. MOTHER'S MAIDEN NAME: Velvie V. Baldwin.
14. NAME OF HUSBAND OR WIFE: never married.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None.
17. INFORMANT: Edward Lee Frederick, Address: Grandin, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Prematurity. — INTERVAL BETWEEN ONSET AND DEATH: 5 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
~~DUE TO (b)~~: Pulmonary Insufficiency. — same.
DUE TO (c): 6 month pregnancy.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
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 1-23-60, to 1-23-60 and last saw him alive on 1-23-60
Death occurred at 4:40 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. M. McLain (Degree or title) M.D.
22b. ADDRESS: Lucy Lee Hosp. Poplar Bluff
22c. DATE SIGNED: 2-9-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial.
23b. DATE: JAN. 24, 1960.
23c. NAME OF CEMETERY OR CREMATORY: Grandin Cem.
23d. LOCATION (City, town, or county) (State): Grandin, Missouri.
24. FUNERAL DIRECTOR: Ray Means ADDRESS: Doniphan, Mo.
25. DATE RECD. BY LOCAL REG.: 2/16/60
26. REGISTRAR'S SIGNATURE: R. H. Mueller

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

THIS BODY WAS NOT EMBALME

Student_____
Signature of Student Embalmer

Signed Ray Meaner

Licensed Embalmer No. 3743.

P. O. Address Doniphan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.