URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-044999

STATE FILE NUMBER

C 27 1960
NDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 362

1. PLACE OF DEATH a. COUNTY: Adair	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Knox
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville — Length of stay in 1b: 58 mins.	c. CITY OR TOWN: Novelty — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Grim-Smith Hospital — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)	First: BABY	Middle: BOY	Last: PHILLIPS	4. DATE OF DEATH	Month: December Day: 21 Year: 1960
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☐ Widowed ☐ Never Married ☒ Divorced ☐	8. DATE OF BIRTH: 12-21-60	9. AGE (last birthday): ----------	IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min. 58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newborn	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Kirksville, Missouri	12. CITIZEN OF WHAT COUNTRY: America		
13a. FATHER'S NAME: Jason (nmn) Phillips	13b. MOTHER'S MAIDEN NAME: Kathryn Lucy Arment	14. NAME OF HUSBAND OR WIFE: —			
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.: —	17. INFORMANT: Mrs. Jason Phillips	Address: Novelty, 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): Congenital pulmonary atelectasis (Bilat)

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

DUE TO (b): Immaturity

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH

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 12-21-60, to 12-21-60 and last saw ~~her~~ him alive on Dec 21 1960

Death occurred at 4:16 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): P. E. Hilton, M. D.	22b. ADDRESS: Kirksville Mo.	22c. DATE SIGNED: 12-21-60
23a. ~~BURIAL, CREMATION, REMOVAL~~ (Specify): Disposal	23b. DATE: Dec. 22, 1960	23c. NAME OF CEMETERY OR CREMATORY: None —
23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR: Grim Smith Hosp. Cecil V. Bingham	ADDRESS: Kirksville, Mo.	25. DATE RECD. BY LOCAL REG.: 12-22-1960
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

J.E. Hilton, M.D.

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.

Student_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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