MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0015430 STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 120

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0425
2 0425
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4 0
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED 2 — ITEM NO. — INSTEAD OF — SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT BY AFFIDAVIT OF

FILED MAY 2 1966

1. PLACE OF DEATH
a. COUNTY: HENRY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CLINTON
Length of stay in 1b: 1 DAY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: WITZEL HOSPITAL
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: HENRY
c. CITY OR TOWN: CLINTON — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 105 EAST OHIO — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First PATRICK Middle COLIN Last CHILES

4. DATE OF DEATH: Month APRIL Day 29 Year 1966

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 4-28-66

9. AGE (last birthday): 1 DAY — IF UNDER 1 YEAR: Months — Days 1 — IF UNDER 24 HR: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT

10b. KIND OF BUSINESS OR INDUSTRY: INFANT

11. BIRTHPLACE (City and state of country): CLINTON, MO.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: RICHARD W. CHILES

13b. MOTHER'S MAIDEN NAME: JOAN ELAINE CHILES

14. NAME OF HUSBAND OR WIFE: INFANT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: RICHARD W. CHILES — Address R.F.D. 1 LOWRY CITY, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Hyaline Membrane Disease	1 Day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Premature Birth	1 Day
DUE TO (c)	Premature Labor	1 Day

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 [X]

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 4-28-66 to 4-29-66 and last saw her/him alive on 4-29-66
Death occurred at 9:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. L. Glasgow D.O.

22b. ADDRESS: Clinton Mo.

22c. DATE SIGNED: 4/29/66

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: May 2-1966

23c. NAME OF CEMETERY OR CREMATORY: LOWRY CITY CEMETERY

23d. LOCATION (City, town, or county) (State): LOWRY CITY, MISSOURI

24. FUNERAL DIRECTOR: R.E. NICHOLS ADDRESS Box 428 CLINTON, Mo.

25. DATE RECD. BY LOCAL REG.: April 30, 1966

26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

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. Nichols

Licensed Embalmer No. 4997

P. O. Address K.C. Mo.

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.