

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66-0033091

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 254

FILED SEP 6 1966

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLINTON</u>		Length of stay in 1b <u>5 HOURS</u>	c. CITY OR TOWN <u>CLINTON</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>WETZEL HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>WETZEL HOSPITAL</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>INFANT SUSAN LYNNETT DAVIS</u>		4. DATE OF DEATH Month Day Year <u>AUGUST 27 1966</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>CAUC.</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>8-27-1966</u>
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 <u>INFANT</u>	11. BIRTHPLACE (City and state or country) <u>CLINTON, MO.</u>
13a. FATHER'S NAME <u>CHARLES E. DAVIS</u>		13b. MOTHER'S MAIDEN NAME <u>REBECCA J. THORNE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		17. INFORMANT <u>CHARLES E. DAVIS - Lowry City, 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>Maternal Malnutrition</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Wegener's Membrane Disease</u> DUE TO (b) <u>Transposition of Great Vessels</u> DUE TO (c) <u>6-hrs.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4-hrs.</u>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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>8/27/66</u> , to <u>8/27/66</u> and last saw her alive on <u>8/27/66</u> Death occurred at <u>10:55 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>James P. Clouse DO</u>		22b. ADDRESS <u>Clinton, MO</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23c. DATE <u>AUG. 29-1966</u>	
23b. NAME OF CEMETERY OR CREMATORY <u>LOWRY CITY CEMETERY</u>		23d. LOCATION (City, town, or county) <u>LOWRY CITY, MISSOURI</u>	
24. FUNERAL DIRECTOR <u>R.E. NICHOLS - CLINTON MISSOURI</u>		25. DATE RECD. BY LOCAL REG. <u>8-29-66</u>	
26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>		22c. DATE SIGNED <u>8/29/66</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

USE BLACK INK

OR TYPEWRITER RIBBON

VS 300
Rev. 4/59

1 0428

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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. Nichols

Licensed Embalmer No. 4997

P.O. Address KC, 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.

Permit Obtained 8-29-66 (1113)