

FILED JUL 16 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER
68 0028053

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/68Registration District No. 75 Primary Registration District No. 5298 Registrar's No. 87

DECEASED—NAME FIRST MIDDLE LAST				SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)				Female	Approx. June 7 1968	
2. AGE—LAST BIRTHDAY (YEARS)				UNDER 1 YEAR	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
White				30	Approx	Clinton
3. CITY, TOWN, OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
Lafayette Twp				Creek 3 mi. S.E. of Stewartville		
4. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)				CITIZEN OF WHAT COUNTRY		
Missouri				Married, never married, widowed, divorced (specify)		
5. SOCIAL SECURITY NUMBER				SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
6. 9999				7. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		
8. RESIDENCE—STATE				KIND OF BUSINESS OR INDUSTRY		
9. COUNTY				10. INSIDE CITY LIMITS (SPECIFY YES OR NO)		
11. CITY, TOWN, OR LOCATION				12. STREET AND NUMBER		
13. FATHER—NAME FIRST MIDDLE LAST				14. MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
15. INFORMANT—NAME				16. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17. 17b.				17c.		

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

PART I. DEATH WAS CAUSED BY:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE		
(a) New born found in bucket in Creek		
(b) Approx. time of death two weeks		
(c)		

CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				ALTOGETHER (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)				20. YES	21. NO
20. Undetermined				20a. YES	20b. NO
21. DATE OF INJURY (MONTH, DAY, YEAR)				22. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
22. Found in bucket in Creek				23. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
24. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)				25. Lafayette Twp. Clinton Co Missouri	
26. INJURY AT WORK (SPECIFY YES OR NO)				27. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
28. CERTIFICATION—PHYSICIAN: MONTH DAY YEAR TO MONTH DAY YEAR				29. AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	
30. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.				31. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	

CERTIFIER

CERTIFIER—NAME (TYPE OR PRINT)				SIGNATURE			
James W. Sanders				James W. Sanders			
MAILING ADDRESS—CERTIFIER				CITY OR TOWN			
501 S Elm				Clinton Missouri			
BURIAL, CREMATION, REMOVAL				CEMETERY OR CREMATORY—NAME			
24a. Burial				24b. Plattsburg Cemetery			
24c. DATE (MONTH, DAY, YEAR)				24d. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
July 10, 1968				Plattsburg, Missouri			
24e. FUNERAL HOME—NAME AND ADDRESS				24f. FUNERAL DIRECTOR—SIGNATURE			
Lyon Funeral Home, Inc., Plattsburg, Missouri				24g. REGISTER—SIGNATURE			
24h. DATE RECEIVED BY LOCAL REGISTRAR				24i. DATE RECEIVED BY LOCAL REGISTRAR			
24j. July 12 1968				24k. July 12 1968			

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{was not} ~~was~~ embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Thorp E. Cox

Licensed Embalmer No. 4993

P. O. Address

Claremont, N.C.
64477

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.