

**CERTIFICATE OF DEATH**

DO NOT WRITE  
ON THIS STUB

VS 300  
Rev. 1/70

Registration District No. 53 Primary Registration District No. 5185 Registrar's No. 217

DECEASED—NAME FIRST MIDDLE LAST <b>Baby Girl UNKNOWN</b>		SEX <b>Female</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>Found 5/2/70</b>
1. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <b>White</b>		2. AGE—LAST BIRTHDAY (YEARS) MONTH DAYS <b>Approximate 20</b>	3. DATE OF BIRTH (MONTH, DAY, YEAR) <b>Unknown</b>
4. CITY, TOWN, OR LOCATION OF DEATH <b>Cape Girardeau</b>		5. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>? UNKNOWN</b>	
6. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>Unknown</b>		7. CITIZEN OF WHAT COUNTRY <b>USA</b>	
8. SOCIAL SECURITY NUMBER <b>None</b>		9. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>None</b>	
10. RESIDENCE—STATE <b>Unknown</b>		11. COUNTY <b>Unknown</b>	
12. CITY, TOWN, OR LOCATION <b>Unknown</b>		13. STREET AND NUMBER <b>Unknown</b>	
14. FATHER—NAME FIRST MIDDLE LAST <b>Unknown</b>		15. MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>Unknown</b>	
16. INFORMANT—NAME <b>--</b>		17. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>--</b>	
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			
18. IMMEDIATE CAUSE (a) <b>Due to decomposition of body and fact that the body was apparently mangled by some type machine, it is impossible to determine whether child was stillborn or livebirth.</b> (b) <b>it is impossible to determine whether child was stillborn or livebirth.</b> (c) <b>---</b>			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G)			
19. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) <b>Probable homicide unknown</b>		20. DATE OF INJURY (MONTH, DAY, YEAR) HOUR <b>unknown</b>	
21. INJURY AT WORK (SPECIFY YES OR NO) <b>---</b>		22. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE (BLDG., ETC. (SPECIFY)) <b>---</b>	
23. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) <b>---</b>		24. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS <b>---</b>	
25. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM TO <b>---</b>		26. AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR <b>---</b>	
27. 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. <b>Unknown</b>		28. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR <b>5 2 70 7:30 p.m.</b>	
29. CERTIFIER—NAME (TYPE OR PRINT) <b>Donald A. Kremer</b>		30. SIGNATURE <b>Donald A. Kremer</b>	
31. MAILING ADDRESS—CERTIFIER <b>1320 N. Kingshighway, Cape Girardeau, Mo. 64701</b>		32. DATE SIGNED (MONTH, DAY, YEAR) <b>5/14/70</b>	
33. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		34. CEMETERY OR CREMATORY—NAME <b>Fairmont</b>	
35. DATE (MONTH, DAY, YEAR) <b>5-23-70</b>		36. LOCATION CITY OR TOWN STATE <b>Cape Gir., Mo.</b>	
37. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>Ford &amp; Sons 118 S Sprigg Cape Gir., Mo. 63701</b>		38. FUNERAL DIRECTOR—SIGNATURE <b>---</b>	
39. REGISTRAR—SIGNATURE <b>---</b>		40. DATE RECEIVED BY LOCAL REGISTRAR <b>5-20-70</b>	

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

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

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

9. 1  
10a. 40160  
10b. 3  
11. 9  
12. 0  
13. 968X  
14. 1  
15. 1  
16. 1  
17. 1  
18. 3  
19. CREDITS  
20. 2-0

### 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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.