

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22665

State File No. _____
Registrar's No. 136

BIRTH NO. 39056-50 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002

0042
0

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>AUDRAIN</u>	
b. CITY OR TOWN <u>MEXICO MO</u> c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OWENS MATERNITY HOSP</u>		d. STREET ADDRESS (If rural, give location) <u>0042 3</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>GENE</u> c. (Last) <u>EARLY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 16 1950</u>	
5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	
8. DATE OF BIRTH <u>July 14 - 1950</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 14 HRS.: Hours _____ Min. _____ <u>15</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Mexico MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>PAUL EARLY</u>		13b. MOTHER'S MAIDEN NAME <u>PEGGIE MAE KATZ</u>	
14. NAME OF HUSBAND OR WIFE <u>✓</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>	
16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Paul Early Mexico MO</u> ADDRESS <u>Mexico MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>4 1/2 Months Preg.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mexico Audrain MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>July 18, 1950</u> , to <u>July 18, 1950</u> , that I last saw the deceased alive on <u>July 18, 1950</u> , and that death occurred at <u>2:25 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>John A. Owens M.D.</u> (Degree or title)		23b. ADDRESS <u>Mexico MO</u>	
23c. DATE SIGNED <u>7-19-1950</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>7-19-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ELM WOOD</u>	
24d. LOCATION (City, town, or county) (State) <u>MEXICO MO</u>		DATE REC'D BY LOCAL REG <u>July 19-1950</u>	
REGISTRAR'S SIGNATURE <u>Blanche Keely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. Small</u> ADDRESS <u>Mexico MO</u>	

RECEIVED JUL 24 1950
District Health Officer No. 10
District File Number 7-50-1196
Date Filed JUL 31 1950

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.....

.....
working under my personal supervision

..... Student Embalmer No.

Signed.....

Signed.....

Student Embalmer

Licensed Embalmer No. 4625

P. O. Address Mexico 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 this body is not embalmed, fact should be so stated above.