

No. 300
10.48

FILED AUG 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24237

BIRTH NO. 42754-50 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 260

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

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Kansas City Mo 3608</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>4017 Myrtle</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>PEGGY</u>		b. (Middle) <u>JEAN</u>	
		c. (Last) <u>BORN</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Aug 6 - 1950</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) <u>3</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Sedalia Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			

13a. FATHER'S NAME <u>Charles W. Born</u>		13b. MOTHER'S MAIDEN NAME <u>Maxine Raymond</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles W. Born</u> ADDRESS <u>Kansas Ct</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature - Seven Months</u>			DUPLICATE OF (a) <u>None other.</u>			Hours <u>Two and one half</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			DUPLICATE OF (b) <u>None other.</u>			Hours <u>776 X</u>		
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 <u>None. Normal Breech Delivery.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None.</u>		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 birth at 2:57 A.M. August 6th, 1950, that I last saw the deceased alive on Aug. 6th, 1950, and that death occurred at 5:30 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u>		23b. ADDRESS <u>Sedalia, Missouri</u>		23c. DATE SIGNED <u>Aug. 7th</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-7-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crowning Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>	
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DATE REC'D BY LOCAL REG. <u>8-7-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>McLaughlin Bros Sedalia</u>	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-14-50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 8-14-50

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 _____
Student Embalmer

Not Embalmed
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 this body is not embalmed, fact should be so stated above.