No. 300
10.48

FILED SEP 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32290

BIRTH NO. 62676-50 REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 181

972
0

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

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall, Mo.
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fitzgibbons Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline 0970
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Napton - Salt Fork Twn. 0
d. STREET ADDRESS (If rural, give location): R.F.D. 2

3. NAME OF DECEASED (Type or Print)
a. (First): Patricia
b. (Middle): King
c. (Last): Thiel

4. DATE OF DEATH (Month) (Day) (Year): Sept. 16-1950

5. SEX: Female/
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant 0
8. DATE OF BIRTH: Sept. 15-1950
9. AGE (In years last birthday): If under 1 year: Months / Days; If under 24 hrs.: Hours 8 / Min. 35

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Marshall, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Leo L. Thiel
13b. MOTHER'S MAIDEN NAME: Elsie Maud King
14. NAME OF HUSBAND OR WIFE: Infant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No. -
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Leo. L. Thiel-Napton Route 2-Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Microcephalic - Congenital anomaly

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 7531

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 15, 1950, *to* Sept 16, 1950, *that I last saw the deceased alive on* Sept 16, 1950, *and that death occurred at* 8:01 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James A Reid MDO
23b. ADDRESS: Marshall Mo
23c. DATE SIGNED: 9-16-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/18/50
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Cem.
24d. LOCATION (City, town, or county) (State): Marshall, Missouri

DATE REC'D BY LOCAL REG.: Sept. 16-1950
REGISTRAR'S SIGNATURE: Sidney F Gray 385 0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: J. Leslie Sweeney - Marshall, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9
DISTRICT HEALTH OFFICE No.
District File Number
Date Filed 9-18-58

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 J. Leslie Sussney

Signed
Student Embalmer

Licensed Embalmer No. 3235

P. O. Address Marshall,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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