

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36735

State File No.

BIRTH NO. 78092-57 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 297

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>JEFFERSON City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>VERSAILLES</u>	
c. LENGTH OF STAY (In this place) <u>1 DAY</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St Mary's Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Betty</u> b. (Middle) <u>SUE</u> c. (Last) <u>Daniels</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 20 1951</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>Nov 20 - 1951</u>
9. AGE (In years last birthday) <u>—</u> MONTHS <u>—</u> DAYS <u>—</u> HOURS <u>—</u> MIN. <u>9</u>		11. BIRTHPLACE (State or foreign country) <u>VERSAILLES, Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>—</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
11. BIRTHPLACE (State or foreign country) <u>VERSAILLES, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Chester Daniels</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Meyer</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>Chester Daniels - Versailles, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Atelectasis, bilateral</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>7625</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>—</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>	
22. I hereby certify that I attended the deceased from <u>Nov. 20</u> , 19 <u>51</u> , to <u>Nov. 20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Nov. 20</u> , 19 <u>51</u> , and that death occurred at <u>3:30 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John S. Jewett, M.D.</u>		23b. ADDRESS <u>Jefferson City, Mo.</u>	
23c. DATE SIGNED <u>11-21-51</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>Nov 21 - 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Versailles City</u>	
24d. LOCATION (City, town, or county) (State) <u>Versailles, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.F. Kidwell</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 21-1951</u>		REGISTRAR'S SIGNATURE <u>G. P. Harris</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W.F. Kidwell</u>		ADDRESS <u>Versailles, Mo</u>	

68-0 (Licensed Embalmer's Statement on Reverse Side)

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

264

RECEIVED NOV 24 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed NOV 24 1951

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 _____

Body was not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Gene H. Dutton

Licensed Embalmer No. *4021*

P. O. Address *Versailles, 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.