

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2430

FILED FEB 7 1952

State File No.

BIRTH NO. REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4450 Registrar's No. 257

1. PLACE OF DEATH a. COUNTY RIPLEY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <input checked="" type="checkbox"/> MO b. COUNTY Ripley	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DONIPHAN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Doniphan 1910	
c. LENGTH OF STAY (in this place) 6 hrs.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION COMMUNITY HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) INFANT b. (Middle) MITCHUM c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 1-9-52		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/>	8. DATE OF BIRTH 1-9-52	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. 6	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <input checked="" type="checkbox"/>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) MO.	12. CITIZEN OF WHAT COUNTRY? U
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13a. FATHER'S NAME JIM MITCHUM	13b. MOTHER'S MAIDEN NAME HELEN HUFFMAN	14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Laura Huffman-Ozley, Mo.	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malformation of brain		INTERVAL BETWEEN ONSET AND DEATH 6 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity (8 months)		
	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 7531	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1-9-52**, 19**52**, to **1-9**, 19**52**, that I last saw the deceased alive on **1-9**, 19**52**, and that death occurred at **4:00 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Frank Johnson (Degree or title) M.D.	23b. ADDRESS Doniphan, Mo	23c. DATE SIGNED 1-15-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-10-1952	24c. NAME OF CEMETERY OR CREMATORY antioch cemetery	24d. LOCATION (City, town, or county) (State) Ozley, Mo.
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DATE REC'D BY LOCAL REG. 1-15-52	REGISTRAR'S SIGNATURE E.O. Johnston	25. FUNERAL DIRECTOR'S SIGNATURE Black Edwards Funeral Home ADDRESS Doniphan Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

910

not embalmed

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

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.