

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30459

State File No.

No. 300
10.48

FILED SEP 15 1952

BIRTH NO. 66283 REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 184

972

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

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>	
c. LENGTH OF STAY (in this place) <u>3 1/2 Hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>577 West North</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbon Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Connie</u> b. (Middle) <u>Fay</u> c. (Last) <u>Tevis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 9 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>Sept. 9-1952</u>		9. AGE (In years last birthday) <u>3</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>30</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Marshall, Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Galen H. Tevis</u>		13b. MOTHER'S MAIDEN NAME <u>Irene Mawhiney</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Galen H. Tevis-Marshall, Missouri</u>	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Prematurity</u>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS.					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b)					
		DUE TO (c)					
		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"/>	
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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)	
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 Sept 9, 1952, to Sept 9, 1952, that I last saw the deceased alive on Sept 9, 1952, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James C. Reed M.D.</u> (Degree or title)		23b. ADDRESS <u>Marshall Mo</u>		23c. DATE SIGNED <u>9-10-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9/10/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wheatland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wheatland, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Sept 10, 1952</u>		REGISTRAR'S SIGNATURE <u>Bidney T Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Lealie Swearingen-Marshall, Mo</u>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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 wrapped in cotton saturated with fluid
Student Embalmer No. _____
working under my personal supervision. *not embalmed Arterially.*

Student
Student Embalmer

Signed *J. Lealie Sweeney*
Licensed Embalmer No. *2235*

P. O. Address *Marshall 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.