

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

32008

State File No. 155

FILED OCT 7 1952

BIRTH NO. 601601 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 492

04-5-52

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

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin, Mo</u>		c. LENGTH OF STAY (in this place) <u>1 DA</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Webb City</u>		d. STREET ADDRESS (If rural, give location) <u>1103 W. Broadway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>			
3. NAME OF DECEASED a. (First) <u>BECKY</u> (Type or Print)		b. (Middle) <u>DUNLAP</u>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>September 29 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>September 28, 1952</u>
9. AGE (In years last birthday) <u>1 Da</u>		10. 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>Infant</u>		11. BIRTHPLACE (State or foreign country) <u>Joplin, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Ray Dunlap</u>	
13b. MOTHER'S MAIDEN NAME <u>Virginia Norman</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Ray Dunlap</u>		ADDRESS <u>Webb City, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Haemorrhagic disease of the newborn</u> INTERVAL BETWEEN ONSET AND DEATH <u>12-18 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>deficiency of vitamin K</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bilateral atelectasis</u> from birth	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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.) <u>none</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>7710</u>	
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 <u>9-28</u> , 1952, to <u>9-29</u> , 1952, that I last saw the deceased alive on <u>9-28</u> , 1952, and that death occurred at <u>11 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John B. Sutphin, M.D.</u>		23b. ADDRESS <u>631 Frisco Bldg, Joplin, Mo</u>	
23c. DATE SIGNED <u>10-2-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-30-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Nashville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Nashville, Mo, Barton Co</u>	
DATE REC'D BY LOCAL REG. <u>10-2-52</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge Lewis</u>	
REGISTRAR'S SIGNATURE <u>Ed S. James</u>		ADDRESS <u>Hedge Lewis Funeral Home, Webb City</u>	

(Licensed Embalmer's Statement on Reverse Side)

no

RECEIVED 10-6-52

Jasper County Health Office

County File Number 52/10/776

Date Filed 10-6-52

STATEMENT BY LICENSED EMBALMER

Was Not Embalmed

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 *Richard Gray Lewis*

Licensed Embalmer No. 4403

P. O. Address Webb City, 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.