

STANDARD CERTIFICATE OF DEATH

State File No. **7444**

FILED MAR 1 1954

BIRTH NO. 13906-54 REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) Marshall	c. LENGTH OF STAY (If this place) 3 hrs	c. CITY (If outside corporate limits, write RURAL and give township) Rural - Marshall TWP	
d. FULL NAME OF HOSPITAL OR INSTITUTION Putnam Hospital		d. STREET ADDRESS (If rural, give location) 3 Mi. N.E. of Marshall	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
"Infant"			Feb. 23 1954		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Feb. 23, 1954	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				Months	Days	Hours
						2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Allen Treece Jr.	13b. MOTHER'S MAIDEN NAME Sylvia Mae Rodden	14. NAME OF HUSBAND OR WIFE -----
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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 George A. Treece Jr.	ADDRESS Marshall, Mo
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PREMATURE 6mo ANTECEDENT CAUSES atelectasis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH
	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 7620	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)	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 birth 11AM to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:30P., from the causes and on the date stated above.

23a. SIGNATURE E. L. Harren DO.	23b. ADDRESS Marshall, Mo.	23c. DATE SIGNED 2/24/54
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24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE Feb. 24, 1954	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cem.	24d. LOCATION (City, town, or county) (State) Saline Co. Mo.
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DATE REC'D BY LOCAL REG. 2-24-54	REGISTRAR'S SIGNATURE Sidney F. Gray	25. FUNERAL DIRECTOR'S SIGNATURE Harry Hershberger	ADDRESS Marshall, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

972
0

0970
0

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 Joseph P. Mackler

Licensed Embalmer No. 4571

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.