

34311

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 9 - 1954

No. 300
10. 48
 BIRTH NO. 70698-54 REG. DIST. NO. 1576 PRIMARY REG. DIST. NO. 2001 Registrar's No. 526

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NEWTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY OR TOWN SAGINAW	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 HRS		e. STREET ADDRESS (If rural, give location) 0780	
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) WILLIAM c. (Last) ENGLAND			4. DATE OF DEATH (Month) (Day) (Year) OCT. 30, 1954		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT	
8. DATE OF BIRTH OCT. 29, 1954		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 5		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	
11. BIRTHPLACE (City and State or Foreign Country) JOPLIN, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME FRED ENGLAND		13b. MOTHER'S MAIDEN NAME HELEN ELLIS		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) INFANT		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS FRED ENGLAND, SAGINAW, MO.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pre-maturity + atelectasis</u> ANTECEDENT CAUSES <u>(6 month gestation)</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ----- DUE TO (c) ----- II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>6 HRS</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 7625	
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 10-29, 1954, to 10-30, 1954, that I last saw the deceased alive on 10-30, 1954, and that death occurred at 1:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Sum Bldg Joplin</u>		23c. DATE SIGNED <u>10-31-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-30-54		24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY	
		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI			

DATE REC'D BY LOCAL REG. <u>11-4-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 22-11-111
Date Filed NOV 8 1954

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.....
Signature of Student Embalmer

Signed F. M. Jones.....
Licensed Embalmer No. 231.....

P. O. Address Joplin.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.