

FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 982

BIRTH NO. 7800-55		REG. DIST. NO. 137 - PRIMARY REG. DIST. NO. 3023		Registrar's No. 38	
1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) Clinton		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Deepwater	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General Hos.		d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) Phillis		a. (First) Jean		b. (Middle) Hestand	
c. (Last)		4. DATE OF DEATH Feb 4 - 55		(Month) (Day) (Year)	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH Feb 1 - 1955		9. AGE (In years last birthday) 3		10. IF UNDER 1 YEAR 1 YEAR 3	
11. BIRTHPLACE (City and State or Foreign Country) Clinton Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Clifford Hestand	
13b. MOTHER'S MAIDEN NAME Rena Bledsoe		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 Clifford Hestand		ADDRESS Deepwater 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) Cerebral palsy		INTERVAL BETWEEN ONSET AND DEATH 3 days (Congestive)	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Polyhydramnios (Mother)		DUE TO (c)		1 month	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 7531	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Feb 1, 1955, to Feb 4, 1955, that I last saw the deceased alive on Feb 4, 1955, and that death occurred at 7:00 p.m., from the causes and on the date stated above.		23a. SIGNATURE S.B. Hughes, M.D. (Degree or title)	
23b. ADDRESS Clinton Mo		23c. DATE SIGNED 2/5/55		24a. BURIAL, CREMATION, REMOVAL, ETC. Burial	
24b. DATE Feb 5 - 55		24c. NAME OF CEMETERY OR CREMATORY Maplewood Cem		24d. LOCATION (City, town, or county) (State) Brownington Mo	
DATE RECD BY LOCAL REG Feb 5 - 55		REGISTRAR'S SIGNATURE Florence Adams		25. FUNERAL DIRECTOR'S SIGNATURE Tom Hunt	
ADDRESS Deepwater Mo		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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

Don Hunt

Licensed Embalmer No. *2782*

P. O. Address *Dayton, 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.