Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1956

29993

STATE FILE NUMBER

56889-56 Registration District No. 43 Primary Registration District No. 5139 Registrar's No. 468

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Coon Island — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Neelyville RFD — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Butler
c. CITY OR TOWN: Neelyville — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Neelyville RFD — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Baby Middle: Last: Whitt

4. DATE OF DEATH Month Day Year: Sept 3, 1956

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Sept. 3, 1956

9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 1 Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Butler Co. Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Whitt

14. MOTHER'S MAIDEN NAME: Violet Hargate

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT Address: John Whitt Neelyville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Atelectasis Foetalis — 1 hour
DUE TO (c): 762.5

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Premature infant - 35 weeks -- 2d of twins

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept. 3, 1956, to Sept. 3, 1956 and last saw ~~her~~ him alive on Sept. 3, 1956. Death occurred at 11 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. L. Smith, D.O.

22b. ADDRESS: Box 328, Neelyville, Mo.

22c. DATE SIGNED: 9-9-56

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: Sept 4/56

23c. NAME OF CEMETERY OR CREMATORY: Coon Island

23d. LOCATION (City, town, or county) (State): Butler Co. Mo.

24. FUNERAL DIRECTOR ADDRESS: McCord Gish Naylor, Mo.

25. DATE RECD. BY LOCAL REG.: 9/15/56

26. REGISTRAR'S SIGNATURE: R H Mueller By mm

(Licensed Embalmer's Statement on Reverse Side)

4 2 1

RECEIVED
SEP 18 1956
BUTLER CO. HEALTH CENTER
FILE No._____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lyman McCord.....

Licensed Embalmer No. 407

P. O. Address Naylor,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.