

FILED DEC 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

39006

76149-56

Registration District No. 275 Primary Registration District No. 8053 Registrar's No. 218

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Belle	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		c. CITY OR TOWN Rolla Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps County Hosp.		d. STREET ADDRESS Infant	
Length of stay in 1b 21 hrs		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Dora Middle - Last Smith			4. DATE OF DEATH Month Nov Day 29 Year 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 28 - 1956
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY -	9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 30 IF UNDER 24 HRS.
11. BIRTHPLACE (City and state or country) Bland - Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME JACK Zurbruggen		14. MOTHER'S MAIDEN NAME Doretha (Smith) Vandegriffe	
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 Mr. Bernard Vandegriffe - Belle - Mo		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Anoxia			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Incomplete Medullary Proliferation 23hrs DUE TO (c) Pre-Maturity - Approx. 23wks gestation			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 776X			
20c. TIME OF INJURY 12:25 p.m. 11-29-56			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Bland, Mo		COUNTY Belle STATE Mo	
21. I attended the deceased from 11-28-56 to 11-29-56 and last saw her ^{alive} 11-29-56 Death occurred at 12:25 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dora Fredley (Deputy or title)		22b. ADDRESS Bland, Mo	
22c. DATE SIGNED 11-30-56			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	
Burial		Dec 2 - 1956	
23c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery		23d. LOCATION (City, town, or county) Belle - Mo (State)	
24. SUNDIAL DIRECTOR Sassmann's Funeral Service		25. DATE RECD. BY LOCAL REG. Dec. 1, 1956	
Address Chateaufort		26. REGISTRAR'S SIGNATURE Nadine L. Steele	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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Public Health Officer,

County File No. 585

Date Filed DEC 3 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

NOT EMBALMED