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FILED FEB 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 3694

5590-57 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 57

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University of Missouri Medical Center — Length of stay in 1b: 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Calloway
c. CITY OR TOWN Fulton 0143 0 — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS 418 N.W. 8th St (If outside, give location) — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print) First: William Middle: Clyde Last: Cave

4. DATE OF DEATH Month: February Day: 9 Year: 1957

5. SEX: Male
6. COLOR OR RACE: Negro 2
7. MARRIED ☐ NEVER MARRIED ✓ WIDOWED ☐ 0 DIVORCED ☐
8. DATE OF BIRTH: February 6, 1957
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: — Days: 3 IF UNDER 24 HRS. Hours: 3 Min.: 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Fulton, Missouri 0
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: John William Cave
14. MOTHER'S MAIDEN NAME: Sharon Ann Nevins

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.: —
17. INFORMANT: Sharon Ann Cave Address: 418 N.W. 8th St Fulton, 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) Prematurity — weight 1925 grams
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) gestation approx. 34 weeks
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 776X
INTERVAL BETWEEN ONSET AND DEATH:
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 Month, Day, Year a. m. p. m.
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 February 7, 1957, to February 9, 1957 and last saw him alive on February 9, 1957. Death occurred at 11:50 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Mary Bowen, M.D.
22b. ADDRESS University of Missouri Medical Center
22c. DATE SIGNED February 10 1957

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Feb 11 1957
23c. NAME OF CEMETERY OR CREMATORY: Southside Cem.
23d. LOCATION (City, town, or county) (State): Fulton Mo

24. FUNERAL DIRECTOR ADDRESS: Harry T. Bell Fulton Mo.
25. DATE RECD. BY LOCAL REG.: Feb 10 1957
26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

3-1-D

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed T. Harry K. Bell

Licensed Embalmer No. 48

P. O. Address Fulton

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.