...t. Health, ..., & Welfare ... S. Public ...lth Service

... S. 300 ...v. 1-57

FILED DEC 16 1957

THE DIVISION OF HEALTH OF MISSOURI 44738-57

STANDARD CERTIFICATE OF DEATH

46953

STATE FILE NUMBER

Registration District No. 326 Primary Registration District No. 4482 Registrar's No. 148

1. PLACE OF DEATH
a. COUNTY Scotland
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Memphis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Scotland
c. CITY OR TOWN Memphis — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First David Middle Ly nn Infant Last Rood

4. DATE OF DEATH Month Dec. Day 10, Year 1957

5. SEX M
6. COLOR OR RACE W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH July 13, 1957
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 4 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Kirksville, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Dale Rood
13b. MOTHER'S MAIDEN NAME Joan Carlson
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 Dale Rood Address Memphis 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) Convulsions — INTERVAL BETWEEN ONSET AND DEATH 5 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Infantile Hydrocephalus — 4 Mo 27 days
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 752X
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 10 57 to Dec-10-57 and last saw her/him alive on Dec 10 1957
Death occurred at 1:14 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A. M. Keethler DC
22b. ADDRESS Memphis, Mo.
22c. DATE SIGNED 12-13-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec. 12, 1957
23c. NAME OF CEMETERY OR CREMATORY Memphis Cemetery
23d. LOCATION (City, town, or county) (State) Memphis, Missouri

24. FUNERAL DIRECTOR Gertho Bookett ADDRESS Memphis Mo
25. DATE RECD. BY LOCAL REG. 12-13-1957
26. REGISTRAR'S SIGNATURE Vera G. Turner

(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 causally related.

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 Robert C. Gentry

Licensed Embalmer No. 4257

P. O. Address Memphis 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.