

75249-58

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037229

STATE FILE NUMBER

FILED OCT 20 1958

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 111

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rural
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Sale Memorial Hosp.		Length of stay in 1b	073 ^d STREET ADDRESS Neosho P.F.D. 3
3. NAME OF DECEASED (Type or print) First Un-Named Infant Middle Croan Last Croan		4. DATE OF DEATH Month October Day 9 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 9, 1958
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months ? Days 35 IF UNDER 24 HRS. Hours ? Min. 35
11. BIRTHPLACE (City and state or country) Neosho Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Donald Lee Croan		13b. MOTHER'S MAIDEN NAME Sue Bollinger	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) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Donald Lee Croan Address Neosho Mo. R # 2
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hydrocephalus, severe			INTERVAL BETWEEN ONSET AND DEATH 1 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Baby delivered at 7 1/2 mo pregnancy			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) because of severe hydrocephalus in uterus.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in Part I (a) 752X			
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.)	
20c. TIME OF INJURY Hour 10:30 Month, Day, Year 10-9-58 a.m. 11:45 p.m.		20d. INJURY OCCURRED WHILE AT <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 Neosho Mo.	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 10:30 a.m. 10-9-58 and last saw him alive on Oct 9, 1958 Death occurred at 11:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Harold C. Lentz, M.D. (Degree or title)		22b. ADDRESS Neosho Mo.	22c. DATE SIGNED 10-11-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-10-1958	23c. NAME OF CEMETERY OR CREMATORY O-kwood	23d. LOCATION (City, town, or county) (State) Newton County Missouri
24. FUNERAL DIRECTOR Walter Thompson, Jr.		ADDRESS Neosho Mo.	25. DATE RECD. BY LOCAL REG. 10-13-58
		26. REGISTRAR'S SIGNATURE Melvin C. Bowman, M.D.	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED

District Health Officer No: Newton
District File Number 1058-210
Date Filed OCT 17 1958

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 Barley Thompson Sr.
Licensed Embalmer No. 3259

P. O. Address Neosho, 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.