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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-040876
STATE FILE NUMBER

FILED DEC 1 1958
83897-58

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 332

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Nodaway
c. CITY OR TOWN: Burlington Jct. 0740 — Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Unnamed Middle: Boy Last: Clark
4. DATE OF DEATH: Month 11 Day 17 Year 58

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11/16/58
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0 Days 0 — IF UNDER 24 HRS.: Hours 12 Min.

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

13a. FATHER'S NAME: Otis White
13b. MOTHER'S MAIDEN NAME: Sandra Kathleen Clark
14. NAME OF HUSBAND OR WIFE: none

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: Sandra Clark, Burlington Jct., 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): Foetal anoxia + — INTERVAL BETWEEN ONSET AND DEATH: 7 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Prolapse umbilical cord — 7 hrs
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 7610
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 11/16/58, to 11/17/58 and last saw him alive on 11/16/58.
Death occurred at 3:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title): M. D. 0
22b. ADDRESS: Maryville, Missouri
22c. DATE SIGNED: 11/22/58

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 11/18/58
23c. NAME OF CEMETERY OR CREMATORY: Miriam
23d. LOCATION (City, town, or county) (State): Maryville, Missouri

24. FUNERAL DIRECTOR ADDRESS: Price Funeral Home, Maryville, Mo
25. DATE RECD. BY LOCAL REG.: 11-29-58
26. REGISTRAR'S SIGNATURE: Bess Holt

(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.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville, M

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.