RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 7 1960

-60-040692
STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 192

DED

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall — Length of stay in 1b 12 hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon Hosp. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Saline
c. CITY OR TOWN Marshall — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 259 S English — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First KATHY Middle SUE Last SAMUELS
4. DATE OF DEATH Month Oct. Day 30, Year 1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10-29-1960
9. AGE (last birthday) — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours 12 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby
10b. KIND OF BUSINESS OR INDUSTRY x
11. BIRTHPLACE (City and state or country) Marshall, Mo
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Ronald Samuels
13b. MOTHER'S MAIDEN NAME Rutheleen Strathman
14. NAME OF HUSBAND OR WIFE x

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) x
16. SOCIAL SECURITY NO. x
17. INFORMANT Ronald Samuels Address Marshall 259 S English

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Undeveloped Respiratory System — 12 hrs
DUE TO (c) Prematurity

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 Oct 29, to Oct 30, 1960 and last saw her ~~him~~ alive on Oct 29
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Marvin E. Hoehn, M.D.
22b. ADDRESS Marshall, Missouri
22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-30-1960
23c. NAME OF CEMETERY OR CREMATORY Blackburn Cemetery
23d. LOCATION (City, town, or county) (State) Blackburn, Missouri

24. FUNERAL DIRECTOR Jack W. Reser ADDRESS Marshall, Mo
25. DATE RECD. BY LOCAL REG. Oct 30-60
26. REGISTRAR'S SIGNATURE Cecil G. Read

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision. Was not active Embalmer

Student _____ Signed Jack W. Keser
Signature of Student Embalmer

Licensed Embalmer No. 464 3

P. O. Address Marshal

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.