

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013555

STATE FILE NUMBER

AMENDED **F** Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 70

FILED MAY 8 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains		Length of stay in 1b 1 day	c. CITY OR TOWN West Plains Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION West Plains Mem Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Patricia Middle Kaye Last Finney			4. DATE OF DEATH Month April Day 14 , Year 1961
5. SEX Female	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 4-13-61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 1 IF UNDER 1 YEAR Months Days Hours Min. 1
11. BIRTHPLACE (City and state or country) West Plains, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Finney		13b. MOTHER'S MAIDEN NAME Roberta Kaye Spain	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 Address John Finney, West Plains, Mo.
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 center failure			INTERVAL BETWEEN ONSET AND DEATH 28 hours
DUE TO (b) Anoxia fetal			29 hours
DUE TO (c) Dystocia- cord 3 x around neck(cord restrict'n)			" "
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
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 4/12/61 to 4/14/61 and last saw ^{her} him alive on 4/14/61		Death occurred at 5:00 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Virgil D. Bailey</i> (Degree or title) D.O.		22b. ADDRESS 504 Missouri Ave., West Plains, Mo.	22c. DATE SIGNED 4/25/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-14-61	23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	23d. LOCATION (City, town, or county) (State) West Plains, Mo.
24. GENERAL DIRECTOR ADDRESS <i>Leland Carter West Plains Mo</i>		25. DATE RECD. BY LOCAL REG. 5-5-61	26. REGISTRAR'S SIGNATURE <i>Beatrice Cook</i>

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 *Richard Carter*

Licensed Embalmer No. 4516

P. O. Address West Plains, 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.