

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

610

State File No.

FILED FEB 1 1954

BIRTH NO. 989-54 REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3014 Registrar's No. 8

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u>		c. LENGTH OF STAY (If in place) <u>1 Hr</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>403 N. Prairie</u>		d. STREET ADDRESS (If rural, give location) <u>403 N. Prairie</u>	
3. NAME OF DECEASED a. (First) <u>"BABY"</u> (Type or Print)		b. (Middle)	
c. (Last) <u>MACK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 21-54</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Jan 21-54</u>
9. AGE (In years, last birthday) <u>0</u>		10. UNDER 1 YEAR (Months) (Days) (Hours) (Mins.) <u>0 0 0 1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Liberty Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Arthur Mack</u>		13b. MOTHER'S MAIDEN NAME <u>Plara Mack</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Mack</u> ADDRESS <u>Liberty Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth</u>			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>776x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Jan 21, 1954</u> , and that death occurred at <u>8:15 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm H. Goodson MD</u> (Degree or title)		23b. ADDRESS <u>Liberty Mo.</u>	
23c. DATE SIGNED <u>1/24/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 22-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>		24d. LOCATION (City, town, or county) (State) <u>Liberty Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 25, 1954</u>		REGISTRAR'S SIGNATURE <u>Nabel Graham</u> ADDRESS <u>4011 Spruce - Liberty Mo.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			

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
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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