

No. 300  
10-28

FILED APR 3 1950

STANDARD CERTIFICATE OF DEATH Dr. Bechtold 8269

BIRTH NO. 13873-50 REG. DIST. NO. L28 PRIMARY REG. DIST. NO. 2004 Registrar's No. 278

396

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

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>2511 W. Water</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Baptist Hosp.</b>			

0396

3. NAME OF DECEASED a. (First) b. (Middle) c. (Last) <b>Infant Son of Mr. Mrs. Albert Brayfield</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 24, 1950</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>March 23 1950</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min. <b>1 1</b>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Springfield, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Albert Brayfield</b>		13b. MOTHER'S MAIDEN NAME <b>Howe</b>		14. NAME OF HUSBAND OR WIFE <b>X</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Albert Brayfield Spfld, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Birth</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

776X

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 23 March, 1950, to 24 March, 1950, that I last saw the deceased alive on 24 March, 1950, and that death occurred at 10:30am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>G. B. Bechtold M.D.</b>		23b. ADDRESS <b>1630 N. Jefferson Springfield Mo</b>		23c. DATE SIGNED <b>25 March 50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/26/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>White Chapel</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>3-27-50</b>		REGISTRAR'S SIGNATURE <b>W. E. Daudley M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H. H. Lohmeyer Springfield, Mo.</b>	
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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 embalmed by me, or by \_\_\_\_\_

working under my personal supervision. *This body was not embalmed*

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

Signed.....  
Student Embalmer

Licensed Embalmer No. *3808*

P. O. Address *Springfield, 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 this body is not embalmed, fact should be so stated above.