

FILED MAY 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16473

BIRTH NO. 27095-50 REC. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 490

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission). a. STATE <input checked="" type="checkbox"/> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <input checked="" type="checkbox"/> Springfield	
d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) Baley b. (Middle) Quil c. (Last) OXLEY #2		4. DATE OF DEATH (Month) (Day) (Year) May 23, 1950	
5. SEX Female	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH May 23, 1950
9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Hours 3 Min. 45	11. BIRTHPLACE (State or foreign country) Spgrfw. Mo
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James OXLEY	13b. MOTHER'S MARDEN NAME Hazel Gray	14. NAME OF HUSBAND OR WIFE none	
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'S SIGNATURE OR NAME James OXley, Sr. Springfield, Mo	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 5 hours	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Alectasia			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Premature Birth 5 3/4 months	
		DUE TO (c) Twin & Hydramnios	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		7625	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 May 23, 1950 , to May 23, 1950 , that I last saw the deceased alive on May 23, 1950 , and that death occurred at 6:32 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE R. C. Courard, M.D. (Degree or title)		23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 5/23/50
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE May 23, 1950	24c. NAME OF CEMETERY OR CREMATORY Baughy Knott	24d. LOCATION (City, town, or county) (State) Novato County, Mo.
DATE REC'D BY LOCAL REG. 5-25-50	REGISTRAR'S SIGNATURE W. S. Landley M.D.	25. FUNERAL DIRECTOR'S SIGNATURE James OXley Father ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Not embalmed

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.