S. No. 300
Rev. 10.48

0396

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

FILED FEB 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4520

BIRTH NO. 7498-51 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 131

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Willard, Mo. Rural 0390
d. STREET ADDRESS (If rural, give location): Willard, Mo. Route 2

3. NAME OF DECEASED (Type or Print)
a. (First): Kent
b. (Middle): Hall
c. (Last): Stephens

4. DATE OF DEATH (Month) (Day) (Year): 2-17-51

5. SEX: Male
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: 2-15-51
9. AGE (In years last birthday): 0 — If under 1 year: Months 0, Days 2 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Springfield, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Eugene Stephens
13b. MOTHER'S MAIDEN NAME: Audrey Hall
14. NAME OF HUSBAND OR WIFE: Infant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: No.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Eugene Stephens Willard Mo. Rt. 2

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Anoxia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Prolapse of Cord

DUE TO (c) — 7610

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
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* FEB 15, 1951, *to* FEB 17, 1951, *that I last saw the deceased alive on* FEB 17, 1951, *and that death occurred at* 8:35p m., *from the causes and on the date stated above.*

23a. SIGNATURE E. J. Schwartz M.D. (Degree or title)
23b. ADDRESS 609 Cherry · Springfield
23c. DATE SIGNED FEB 19, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 19, 1951
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Ridge Cemetery
24d. LOCATION (City, town, or county) (State): Polk, Co.

DATE REC'D BY LOCAL REG.: 2-19-51
REGISTRAR'S SIGNATURE: W. E. Hanley M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: J.W.Klingner & Co. Spgfld. Mo.

(Licensed Embalmer's Statement on Reverse Side)

Ferguson

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 Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield

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.