

FILED MAR 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. Marchs

State File No. 8129

BIRTH NO. 13729-57 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 234

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Greene</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> <span style="float: right; font-size: 1.5em;">0396</span>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>458 1/2 So. Campbell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Infant</u> b. (Middle) <u>Daughter of Mr &amp; Mrs</u> c. (Last) <u>Paul Williams</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Mar. 16, 1951</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Never married</u>	<b>8. DATE OF BIRTH</b> <u>Mar. 16, 1951</u>
<b>9. AGE</b> (In years) (Months) (Days) (Hours) (Min.) <u>0 0 0 0 0</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Springfield, Missouri</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Infant</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Infant</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S. A.</u>			
<b>13a. FATHER'S NAME</b> <u>Paul Williams</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Betty Hoover</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>— — —</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Paul Williams</u>		<b>ADDRESS</b> <u>Springfield, Mo</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <u>776 X</u>	
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.			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <u>March 16, 1951</u>, to <u>March 16, 1951</u>, that I last saw the deceased alive on <u>March 16, 1951</u>, and that death occurred at <u>1:05 A</u> m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <u>Edward Marcus</u> (Degree or title) <u>MD</u>		<b>23b. ADDRESS</b> <u>Woodruff Bldg</u>	
<b>23c. DATE SIGNED</b> <u>3/16/51</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>3/16/51</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Greenlawn</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Springfield, Missouri</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>3-19-51</u>		<b>REGISTRAR'S SIGNATURE</b> <u>M.E. Landry</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Herman Lohmeyer</u>		<b>ADDRESS</b> <u>Springfield, Mo</u>	

**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 the above constitutes grounds for revocation of license.)

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

**THIS BODY WAS NOT EMBALMED.....**