

5. No. 300
V. 10.48

FILED APR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12283

State File No.

BIRTH NO. 80013-51 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 266

0396
1

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (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) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u> <u>0396</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>2132 No. Summit St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2132 North Summit St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Linda</u>	b. (Middle) <u>Kay</u>	c. (Last) <u>Samuel</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April, 24, 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <input checked="" type="checkbox"/> NEVER MARRIED	8. DATE OF BIRTH <u>Dec, 23, 1950</u>	9. AGE (In years last birthday) <u>4</u> <input type="checkbox"/> UNDER 1 YEAR <u>1</u> <input type="checkbox"/> UNDER 1 MONTH <u>1</u> <input type="checkbox"/> HOURS <u>1</u> <input type="checkbox"/> MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	11. BIRTHPLACE (State or foreign country) <u>Springfield, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Mildred Samuel</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Samuel</u>	ADDRESS <u>Springfield, Mo</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probably acute broncho-pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(Unrecognized)</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		UNATTENDED BY A PHYSICIAN	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) <u>491X</u>
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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?
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22. I hereby certify that I examined the deceased on April 24, 1951 at 5: A m., from the causes and on the date stated above.

23a. SIGNATURE <u>W.E. Handley MD</u>	23b. ADDRESS <u>City Hall Springfield Mo</u>	23c. DATE SIGNED <u>4/25-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/26/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Patterson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>South of Springfield, Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-25-51</u>	REGISTRAR'S SIGNATURE <u>W.E. Handley MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman Lohmeyer</u>	ADDRESS <u>Springfield, Mo</u>
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Levin T. Swadley

Licensed Embalmer No. 48157

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.