

THE DIVISION OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **27798**

BIRTH NO. **28660** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5465** Registrar's No. **807**

1. PLACE OF DEATH a. COUNTY <b>Greene</b> <i>0390</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b> <i>0390</i>	
b. CITY (If outside corporate limits, write BURIAL and give town) <b>Springfield</b> <i>North Campbell</i>		c. CITY (If outside corporate limits, write BURIAL and give township) <b>Rural N. Campbell Twsp.</b>	
c. LENGTH OF STAY (In this place) <b>45 Mins.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Greene County Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Springfield R.F.D. # 6</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>DANNY</b> b. (Middle) <b>ALLEN</b> c. (Last) <b>FIELDS</b>			4. DATE OF DEATH <b>August 31, 1952</b> (Month) (Day) (Year)		
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>6 June 1952</b>	9. AGE (In years, last birthday) <b>0</b>	10. UNDER 1 YEAR <b>2</b> MONTHS <b>25</b> DAYS
10a. USUAL OCCUPATION (Other kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Greene County, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Ira LeRoy Fields</b>		13b. MOTHER'S MAIDEN NAME <b>Dorothy Jaekson</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ira L. Fields, Rt. 6, Springfield, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc.* It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Infectious diarrhea</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2-3 days</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. <b>Malnutrition</b>		

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) <b>5710</b>	
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 **8/31, 1952**, to **8/31, 1952**, that I last saw the deceased alive on **8/31, 1952**, and that death occurred at **6:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>James P. Chios, M.D.</b>		23b. ADDRESS <b>Greene County Court House, Springfield, Missouri</b>		23c. DATE SIGNED <b>9/1/52</b>	
--	--	--	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2 Sept. 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Liberty Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Greene County, Missouri</b>	
---	--	-------------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <b>9-1-52</b>		REGISTRAR'S SIGNATURE <b>Edith Hulken</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Frank C. Thiem, Springfield, Missouri</b>	
--	--	---	--	---	--

(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 \_\_\_\_\_

*Was not embalmed*

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

working under my personal supervision.

Student .....

Student Embalmer

Signed *Ralph H. Thier*

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri

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.