

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

34718

State File No.

BIRTH NO. 35293 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 933

0370

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>Mo</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	c. LENGTH OF STAY (in this place) <u>4 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1032 - "N. Texas"</u>	

3. NAME OF DECEASED (First) <u>PATRICIA</u> (Type or Print)		b. (Middle) <u>JAN</u>		c. (Last) <u>SMALL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 16 52</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>		8. DATE OF BIRTH <u>June 16 - 1952</u>		9. AGE (In years last birthday) <u>4</u> <input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> YEAR <input type="checkbox"/> MONTHS <input type="checkbox"/> DAYS <input type="checkbox"/> HOURS <input type="checkbox"/> MIN.	
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>- - -</u>		11. BIRTHPLACE (State or foreign country) <u>Springfield Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Richard Small</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Amstutz</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Richard Small</u>	
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>Mrs. Richard Small</u>	
				ADDRESS <u>1032 - Texas</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septostatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diarrhea & Malnutrition</u>		
	DUE TO (c)		
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 <u>5/10</u>	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)
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 Oct 9, 1952, to Oct 16, 1952, that I last saw the deceased alive on Oct 16, 1952, and that death occurred at 11:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lyman H. Brown M.D.</u>		23b. ADDRESS <u>307 1/2 College Springfield Mo</u>		23c. DATE SIGNED <u>10/17/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>10-18-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield Mo</u>
DATE REC'D BY LOCAL REG. <u>10-18-52</u>	REGISTRAR'S SIGNATURE <u>Edith Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.V. Smith</u>		ADDRESS <u>602 - N. Jefferson</u>

(Licensed Embalmer's Statement on Reverse Side)

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 *Not Embalmed*

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.