

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11726

State File No. _____

FILED MAY 10 1954

BIRTH NO. 29246-54 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 449

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| 1. PLACE OF DEATH a. COUNTY <u>GREENE</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) 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 OR TOWN <u>SPRINGFIELD</u> | d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHN'S HOSPITAL</u> | | e. STREET ADDRESS (If rural, give location) <u>1719 W. DIVISION</u> 0346 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>RONALD</u> b. (Middle) <u>DEAN</u> c. (Last) <u>ANDREWS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 4, 1954</u> | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u> | 8. DATE OF BIRTH <u>3 MAY 1954</u> | 9. AGE (In years last birthday) <u>0</u> | # UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>14</u> 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>INFANT</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>SPRINGFIELD, MISSOURI</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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| 13a. FATHER'S NAME <u>WILLIAM ANDREWS</u> | 13b. MOTHER'S MAIDEN NAME <u>VIOLET SILVERS</u> | 14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</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>No</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>WILLIAM ANDREWS</u> | ADDRESS <u>SPGFD. 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>Prematurity</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Placenta Circumvallate type</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>(Premature delivery at 24 weeks.)</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>776 X</u> | 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 5-3, 1954 to 5-4, 1954, that I last saw the deceased alive on 5-4, 1954, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Sheffer, M.D.</u> | 23b. ADDRESS <u>Springfield Mo.</u> | 23c. DATE SIGNED <u>5-4-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>5-5-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MO.</u> |
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| DATE REC'D BY LOCAL REG. <u>5-5-54</u> | REGISTRAR'S SIGNATURE <u>Edith Williams</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Klingner & Co.</u> | ADDRESS <u>Springfield, Mo.</u> |
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(Licensed Embalmers' 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 Baby Not Embalmed Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of 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 with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.