

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Clayton
State File No. 18587

FILED JUL 12 1954

BIRTH NO. 42499-54 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 663

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD	c. LENGTH OF STAY (In this place) 4 days	c. CITY OR TOWN SPRINGFIELD	d. Is 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 BURGE HOSPITAL		e. STREET ADDRESS (If rural, give location) 928 S. MARKET ST. 03960	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) E. c. (Last) FOELL			4. DATE OF DEATH JULY 8, 1954 (Month) (Day) (Year)		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT	8. DATE OF BIRTH JULY 4, 1954		9. AGE (In years last birthday) 4 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY * * *	11. BIRTHPLACE (City and State or Foreign Country) SPRINGFIELD, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOSEPH LESLIE FOELL		13b. MOTHER'S MAIDEN NAME LOIS MAPLES		14. NAME OF HUSBAND OR WIFE * * * * *	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOSEPH FOELL, 928 S. MARKET ST.			

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PREMATUREITY ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ATELLECTASIS DUE TO (c) NONE II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE		INTERVAL BETWEEN ONSET AND DEATH BIRTH BIRTH	
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19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION NONE		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) NONE	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NONE		
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?		

22. I hereby certify that I attended the deceased from 7-4-1954, to 7-8-1954, that I last saw the deceased alive on 7-7-1954, and that death occurred at 2:45a m., from the causes and on the date stated above.

23a. SIGNATURE Edgar L. Clayton M.D.		(Degree or title)	23b. ADDRESS 609 Cherry Springfield		23c. DATE SIGNED 7-8-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/10/54	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Mo.	

DATE REC'D BY LOCAL REG. 7-9-54	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HERMAN H. LOHMEYER, SPRINGFIELD			
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Lillian T. Swadlow*

Licensed Embalmer No. *4814*

P. O. Address *Spring*

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.