

10.300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4421

BIRTH NO. 13951-56 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 219

1. PLACE OF DEATH
a. COUNTY Greene

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital
e. STREET ADDRESS (If rural, give location) 1033 E. Central 0396

3. NAME OF DECEASED (Type or Print)
a. (First) Ramona b. (Middle) Fay c. (Last) Shipley
4. DATE OF DEATH (Month) (Day) (Year) March 7-1956

5. SEX Female 6. COLOR OR RACE White 7. MARRIED (NEVER MARRIED) never married
WIDOWED DIVORCED SEPARATED
8. DATE OF BIRTH March 7-1956 9. AGE (In years last birthday) no IF UNDER 1 YEAR: Months no Days no Hours no Min. no

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, Missouri 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Arless Ray Shipley 13b. MOTHER'S MAIDEN NAME Ruby M. P. Persons 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Arless Ray Shipley ADDRESS Springfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
This child was about 30 days premature. It cried and breathed rather poorly - was in air lock and looked like it was doing very well when I left hospital about an hour after delivery. In about another hour hospital called said child was dead. This is all I know about this case.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
MEDICAL CERTIFICATION
INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES NO 776x

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (a.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) m.
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3, 7, 56, 1956, to 3, 7, 56, 1956, that I last saw the deceased alive on 3, 7, 56, 1956, and that death occurred at 1:20P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] 23b. ADDRESS Springfield, Missouri 23c. DATE SIGNED 3, 8, 56

24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial 24b. DATE Mar. 9-1956 24c. NAME OF CEMETERY OR CREMATORY Greenlawn 24d. LOCATION (City, town, or county) (State) Springfield, Missouri

DATE REC'D BY LOCAL REG. 3-9-56 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Springfield, Mo.

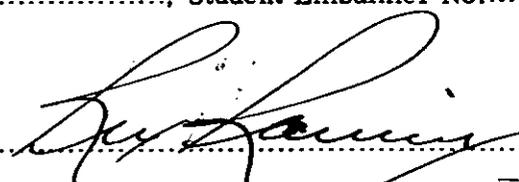
(Licensed Embalmer's Statement on Reverse Side)

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 _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 331

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.