

FILED APR 8 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

76178-56

Registration District No. 138

Primary Registration District No. 2000

Registrar's No. 308

1. PLACE OF DEATH a. COUNTY <b>Greene</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo,</b> b. COUNTY <b>Greene</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Springfield 63960</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Burge 0</b>		Length of stay in lb <b>4 months</b>	d. STREET ADDRESS <b>2255 N. Broadway</b> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>JOHNNY</b> First <b>CLYDE</b> Middle <b>RHEA</b> Last			4. DATE OF DEATH <b>March 29, 1957</b> Month <b>March</b> Day <b>29</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 15, 1956</b>	9. AGE (In years last birthday) <b>14</b> Months <b>14</b> Days <b>14</b> Hours <b>14</b> Min.	IF UNDER 1 YEAR <input type="checkbox"/> IF UNDER 24 HRS. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>		11. BIRTHPLACE (City and state or country) <b>Springfield, Mo. 0</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13. FATHER'S NAME <b>Ronald Rhea</b>		
14. MOTHER'S MAIDEN NAME <b>Patsy Bailey</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		
16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT <b>Mr &amp; Mrs. Ronald Rhea 2255 Broadway</b> Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bacterial Pneumonia</b> Conditions, if any, which gave rise to above - cause (a), stating the underlying cause last. } DUE TO (b) <b>Congenital Heart Disease (Patent Ductus Arteriosus)</b> DUE TO (c) _____ PART II. OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>7541</b>					INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18):		20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>3-23-57</b> <b>March 29, 1957</b> and last saw <del>him</del> <b>her</b> alive on <b>3-26-57</b> Death occurred at <b>4:30 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>John Williams M.D.</b>			22b. ADDRESS <b>Springfield Mo.</b>		22c. DATE SIGNED <b>3/30/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>March 31, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Summers, Ark.</b>		23d. LOCATION (City, town, or county) (State) <b>Summers, Arkansas MO.</b>
24. FUNERAL DIRECTOR <b>Ralph Thieme Springfield, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4-1-57</b>		26. REGISTRAR'S SIGNATURE <b>Edith Williams</b>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms written or stated. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *[Handwritten Signature]*

Licensed Embalmer No. 4568

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.