FILED JUL 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20769
STATE FILE NUMBER

38672-57 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 700

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. John's Hospital — Length of stay in 1b 1 Week

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield 0396 0 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 546 S. Warren — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First MICKEY Middle BRENT Last REDFEARN
4. DATE OF DEATH Month Day Year July 8, 1957
5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 1, 1957
9. AGE (In years last birthday) — IF UNDER 1 YEAR Months — Days 7 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 Infant
11. BIRTHPLACE (City and state or country) Springfield, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Redfearn
14. MOTHER'S MAIDEN NAME Blanche LaVonne Long
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 Address George Redfearn, Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intracranial Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prematurity
DUE TO (c) Premature Rupture of Membranes
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 7605
19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐ 1
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 7-1-57, to 7-8-57 and last saw ~~her~~ him alive on 7-8-57
Death occurred at 7:00 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. J. Schwartz M.D. 0
22b. ADDRESS 609 Cherry, Springfield Mo.
22c. DATE SIGNED 7-11-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 9, 1957
23c. NAME OF CEMETERY OR CREMATORY Maple Park
23d. LOCATION (City, town, or county) (State) Springfield, Mo.
24. FUNERAL DIRECTOR Jewell E. Windle ADDRESS B.W. Springfield, Mo.
25. DATE RECD. BY LOCAL REG. 7-11-57
26. REGISTRAR'S SIGNATURE Edith Williams

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Bernard F. Wrig

Licensed Embalmer No. 4

P. O. Address Springf

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.