Health, & Welfare Public Service

89793-58

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043755
STATE FILE NUMBER

FILED JAN 5 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1253

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 OR TOWN (If outside corporate limits, give TOWNSHIP only): XXXXXX. Springfield — Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: Springfield 0396 0 — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Burge Hospital — Length of stay in 1b	d. STREET ADDRESS (If outside, give location): 2158 N. Travis — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: TINA	Middle: MARIE	Last: ALDERSON	4. DATE OF DEATH: Month Day Year: December 28, 1958
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: 22 December 1958	9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0 Days 6 — 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, Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME: Billy Alderson	13b. MOTHER'S MAIDEN NAME: Shirley Mae Johnson	14. NAME OF HUSBAND OR WIFE: None		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No	16. SOCIAL SECURITY NO.: No	17. INFORMANT: Hospital Records	Address	

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) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Trachea esophageal fistula — 6 days

DUE TO (c) 7562

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).

Hydrocephalosis due to brain stem being pulled down into foramen spina bifida c̄ myelomeningocele, have shoe hidneys

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

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 12-22-58, to 12-28-58 and last saw her alive on 12-28-58

Death occurred at 7:30 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): David D Thomasson M.D.	22b. ADDRESS: Springfield, Missouri	22c. DATE SIGNED: 1-2-59	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 12-30-58	23c. NAME OF CEMETERY OR CREMATORY: MAPLE PARK	23d. LOCATION (City, town, or county): SPRINGFIELD (State): MO.
24. FUNERAL DIRECTOR: J.W.KLINGNER & CO.	ADDRESS: Springfield, Mo.	25. DATE RECD. BY LOCAL REG.: 1-2-59	26. REGISTRAR'S SIGNATURE: Effie G. Melton

jhc

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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. 4071

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.