

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043762

STATE FILE NUMBER

98649-58

FILED JAN 12 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 6-4

5. 300
1-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ozark	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Gainesville ⁰⁷⁷⁰	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b 1 day		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Michael Middle Dean Last Beard			4. DATE OF DEATH Month December Day 30 Year 1958			
5. SEX Male ^U	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH December 29, 1958		9. AGE (In years last birthday) Months 0 Days 1 Hours 0 Min. 0	
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.		
12. CITIZEN OF WHAT COUNTRY? 0		13a. FATHER'S NAME Arthur L. Beard		13b. MOTHER'S MAIDEN NAME Helen Shepherd		
14. NAME OF HUSBAND OR WIFE Infant		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		
17. INFORMANT Dr. A. L. Beard		Address Gainesville, Mo.				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGENITAL ATELECTASIS		INTERVAL BETWEEN ONSET AND DEATH 10 hrs
DUE TO (b) PREMATURE BIRTH.		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7625		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 _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <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 **12-29-58**, to **12-30-58** and last saw ^{her} _{him} alive on **12-30-58**
Death occurred at **4 A.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Urban Buiet MD** 22b. ADDRESS **Springfield Mo** 22c. DATE SIGNED **12-30-58**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **Dec. 30, 1958** 23c. NAME OF CEMETERY OR CREMATORY **Gainesville** 23d. LOCATION (City, town, or county) (State) **Gainesville, Missouri**

24. FUNERAL DIRECTOR **Clayton R. Beard Funeral Home** ADDRESS **Gainesville, Mo.** 25. DATE RECD. BY LOCAL REG. **1-9-58** 26. REGISTRAR'S SIGNATURE **E. J. Melton**

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Deceased

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 *Not Embalmed*

Licensed Embalmer No.

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.