

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013015
STATE FILE NUMBER

FILED MAY 11 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 439

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Norwood (396)	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hosp. 2 HRS.		d. STREET ADDRESS (If outside, give location) Star Route	

3. NAME OF DECEASED (Type or print) First DUANE Middle THOMAS Lester Thomas Infant			4. DATE OF DEATH Month MAY Day 1 Year 1959		
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 1, 1959	9. AGE (In years last birthday) Approx 2	IF UNDER 1 YEAR Months 2 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Springfield Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Lester Thomas	13b. MOTHER'S MAIDEN NAME Glenda Walker	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Lester Thomas	Address Star Norwood Mo Route
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unknown		INTERVAL BETWEEN ONSET AND DEATH 1 hour 15 min lived only 1 hr 15 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Neonatal Asphyxia	
	DUE TO (c) 76.25	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Premature Baby 1 lb 10 ounces		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.)
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20c. TIME OF INJURY Hour 11:05 a.m. 5/1/59 Month, Day, Year	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 Springfield	COUNTY Douglas	STATE Mo.
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21. I attended the deceased from 11:05 am 5/1/59 to 12:29 pm 5/1/59 and last saw ^{her} him alive on 5-1-59 Death occurred at 12:29 pm 5/1/59 m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Paul E. Pruett, M.D.	(Degree or title)	22b. ADDRESS Springfield, Missouri	22c. DATE SIGNED May 7, 1959
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 5-1-59	23c. NAME OF CEMETERY OR CREMATORY OAK Forest	23d. LOCATION (City, town, or county) (State) Douglas County Mo.
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24. FUNERAL DIRECTOR Max & Miller	ADDRESS Manassas Mo	25. DATE RECD. BY LOCAL REG. 5-8-59	26. REGISTRAR'S SIGNATURE Effie G. Melton
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc.: must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

300
1-57

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 *Max J Miller*

Licensed Embalmer No. *4720*

P. O. Address *Maryfield*

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.