

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

AUG 22 1944

Registration District No. 128Primary Registration District No. 2000Registrar's No. 663

1. PLACE OF DEATH:

(a) County Greene
 (b) City or town Springfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Springfield Baptist Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Hr. 20 Min.
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frankie De Priest

3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive X years
 7. Birth date of deceased Aug. 13, 1944
 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 1 hr. 20 min.

9. Birthplace Springfield Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name OS CAR-LEE DEPRIEST

13. Birthplace Birchfield, Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Glady's Buckner
 15. Birthplace UNK. Kans.
 (City, town, or county) (State or foreign country)

16. (a) Informant Oscar Lee Depriest(b) Address 834 W. Nichols, Spfld., Mo.

17. (a) Burial (b) Date thereof 8-14, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery18. (a) Signature of funeral director W. L. Dunn(b) Address Springfield, Mo.

19. (a) 8-18-44 (b) Dr. W. H. Handley
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
 (c) City or town Springfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 834 West Nichols
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 'day 13
 year 1944 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug 13, 1944, to Aug 13, 1944
 that I last saw him alive on Aug 13, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth
 Due to unk known

Due to 5th child for this mother
 Other conditions all way premature
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations 159
 Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 (Specify type of place)

While at work _____ (2) Means of injury _____

23. Signature Dr. W. H. Handley (M. D. or other)
 Address Springfield, Mo. Date signed 8/18/44

