

FILED APR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8116

BIRTH NO. 49-013917 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 295

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE 29	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD	
c. LENGTH OF STAY (in this place) 16 hrs		d. STREET ADDRESS (If rural, give location) 724 S. CAMPBELL	
d. FULL NAME OF HOSPITAL OR INSTITUTION SPRINGFIELD BAPTIST			

3. NAME OF DECEASED (Type or Print) a. (First) ALLEN b. (Middle) DWAN c. (Last) YORK			4. DATE OF DEATH (Month) (Day) (Year) MAR 31 1949		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	
8. DATE OF BIRTH MAR. 30 1949		9. AGE (In years last birthday) 16		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
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 (State or foreign country) SPRINGFIELD	

13a. FATHER'S NAME NELSON YORK		13b. MOTHER'S MAIDEN NAME MARTHA ALFORD		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) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME NELSON YORK ADDRESS SPRINGFIELD	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		INTERVAL BETWEEN ONSET AND DEATH Birth-3/10 AM 30 Death 3/2:00AM 31	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Failure of closure of the cardiac foramen ovale DUE TO (c) cardiac foramen ovale			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 770X			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? ✓	

22. I hereby certify that I attended the deceased from 3, 30, 1949, to 3, 31, 1949, that I last saw the deceased alive on 3, 30, 19 49, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS Springfield, Missouri		23c. DATE SIGNED 3/31/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE April 1, 1949		24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY	
				24d. LOCATION (City, town, or county) (State) SPRINGFIELD MO.	

DATE REC'D BY LOCAL REG. 4/1/49		REGISTRAR'S SIGNATURE W.S. Handley		25. FUNERAL DIRECTOR'S SIGNATURE W. Klingner & Co. Spfld ADDRESS	
(Licensed Embalmer's Statement on Reverse Side)					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

39
2
6

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.

No Embalming

Signed..... *Ogle Stone Jr*

Signed.....

Student Embalmer

Licensed Embalmer No. *4176*

P. O. Address *Springfield*

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 this body is not embalmed, fact should be so stated above.