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

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19157

BIRTH NO. 23451-49 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 556

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
d. STREET ADDRESS (If rural, give location): 1207 So Crutcher

3. NAME OF DECEASED (Type or Print)
a. (First): Fred
b. (Middle): Son of Mr Luzern Delmar E
c. (Last): Caywood

4. DATE OF DEATH (Month) 6 (Day) 22 (Year) 49

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: 6-22-49
9. AGE (In years last birthday): If under 1 year: Months / Days; If under 1 hr.: Hours 13 / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Missouri-Springfield
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Delmar E. Caywood
13b. MOTHER'S MAIDEN NAME: Martha R. McClure
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Delmar Caywood
ADDRESS: 1207 So Crutcher

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) Atelectasis, Congenital — INTERVAL BETWEEN ONSET AND DEATH: 13 hrs.

ANTECEDENT CAUSES — DUE TO (b) Prematurity

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — 7625

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 22, 1949, *to* June 22, 1949, *that I last saw the deceased alive on* June 22, 1949, *and that death occurred at* 4:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: John P. Ferguson (Degree or title) M.D.
23b. ADDRESS: Springfield Mo.
23c. DATE SIGNED: 6/22/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 23, 1949
24c. NAME OF CEMETERY OR CREMATORY: East lawn Cemetery
24d. LOCATION (City, town, or county) (State): Springfield, Missouri

DATE REC'D BY LOCAL REG.: 6-24-49
REGISTRAR'S SIGNATURE: W. T. Handley M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Alma Lohmeyer F.H.
ADDRESS: Springfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed Lee Mason

Signed .....
Student Embalmer

Licensed Embalmer No. 4568

P. O. Address Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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