

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26641

FILED AUG 22 1949

State File No.

BIRTH NO. 48582-49 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 917

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u> 39	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital Co</u>		d. STREET ADDRESS (If rural, give location) <u>1020 E. Calhoun St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u> b. (Middle) <u>Marrvin</u> c. (Last) <u>McLamuel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-11-49</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	
8. DATE OF BIRTH <u>8-11-49</u>		9. AGE (In years last birthday) <u>0</u>		10. IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u>	
11. IF UNDER 1 YEAR: Hours <u>0</u> Min. <u>30</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. BIRTHPLACE (State or foreign country) <u>Springfield, Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Sherman McLamuel</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Dalton</u>		14. NAME OF HUSBAND OR WIFE <u>Infant</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sherman McLamuel</u> ADDRESS <u>1220 E Lynn</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cremature</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			776X
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 8:45 pm 8/11, 1949, to 9:15 pm 8/11, 1949, that I last saw the deceased alive on 8/11, 1949, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Sherman D. Brown M.D.</u>		23b. ADDRESS <u>311 1/2 Boonville</u>		23c. DATE SIGNED <u>aug 11, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-13-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood</u>	
24d. LOCATION (City, town, or county) (State) <u>Springfield Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert V. Smith</u> ADDRESS <u>602 N. Jefferson</u>			
DATE REC'D BY LOCAL REG. <u>8-15-49</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert V. Smith</u> ADDRESS <u>602 N. Jefferson</u>	

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 _____

not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

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