

FILED SEP 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

H. 15N4DAUA, 29953
State File No. _____ Registrar's No. 824

BIRTH NO. <u>27810-49</u>		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5465</u>		Registrar's No. <u>824</u>	
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) OR Spfld. TOWN <u>Rural N. Campbell Twshp.</u>				c. LENGTH OF STAY (in this place) OR TOWN <u>Life</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route # 2</u>				d. STREET ADDRESS (If rural, give location) <u>Route # 2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Steven</u>		b. (Middle) <u>Gordon</u>		c. (Last) <u>Burr</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 13, 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>June 8, 1949</u>	
9. AGE (In years last birthday) <u>3</u>		10. UNDER 1 YEAR <u>3</u> Months <u>5</u> Days		11. UNDER 18 HRS. <u>0</u> Mins.		9. AGE (In years last birthday) <u>0</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>Infant</u>		11. BIRTHPLACE (State or foreign country) <u>Greene County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Gordon Burr</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Smith</u>		14. NAME OF HUSBAND OR WIFE <u>X</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 ADDRESS <u>Gordon Burr Rt # 2 Spfld, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Infection</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Vitamin deficiency</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2-3 days</u>	
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) <u>Springfield Greene Mo Rt 2</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>10 Sept</u> , 19 <u>49</u> , to <u>12 Sept</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12 Sept</u> , 19 <u>49</u> , and that death occurred at <u>5 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Design or title) <u>Henry F. Knabb Jr. M.D.</u>				23b. ADDRESS <u>1630 N. Jefferson Ave.</u>		23c. DATE SIGNED <u>13 Sept 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/14/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-14-49</u>		REGISTRAR'S SIGNATURE <u>W. E. Haydley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. Lohmeyer</u>		ADDRESS <u>Springfield, Mo.</u>	

(Signed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD.

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 Robert W. McLean

Signed.....
Student Embalmer

Licensed Embalmer No. 4732

P. O. Address Springfield, Mo.

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.