

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36915**

FILED DEC 5 1949  
BIRTH NO. **64333-49** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **1040**

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

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (in this place) <b>32 days</b>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield,</b>		d. STREET ADDRESS (If rural, give location) <b>705 East Olive</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Danny</b>		b. (Middle) <b>Wayne</b>	
		c. (Last) <b>King</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>November 27, 1949</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Oct. 24, 1949</b>
9. AGE (In years last birthday) <b>32</b>		IF UNDER 1 YEAR Months <b>32</b>	
IF UNDER 1 YEAR Days <b>32</b>		IF UNDER 1 HR. Hours <b>32</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Springfield, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Ruby King</b>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Ruby King, Springfield, Mo.</b>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>PREMATURITY</b>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.		INTERVAL BETWEEN ONSET AND DEATH <b>32 days</b>	
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) m.		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 <b>Oct. 25, 1949, to Nov. 27, 1949</b> ; that I last saw the deceased alive on <b>Nov. 19, 1949</b> , and that death occurred at <b>8:20 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Thomas Harris</b> (Degree or title)		23b. ADDRESS <b>Medical Arts Bldg. Springfield, Missouri</b>	
23c. DATE SIGNED <b>NOV 29 1949</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov 29, 1949</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>12-1-49</b>		REGISTRAR'S SIGNATURE <b>W. E. Hawley</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Alma Schmeyer</b>		ADDRESS <b>B. 740 Springfield, Mo.</b>	

**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 Jeremiah R. Academic

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4562

P. O. Address Shirleybee, 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.