

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **800**

No. 300
10-48

FILED JAN 16 1950

BIRTH NO. 1336-50 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Webster	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Seymour 1120	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Babu b. (Middle) Fleetwood c. (Last) Fleetwood			4. DATE OF DEATH (Month) (Day) (Year) 1-9-50					
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 1-9-50	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months -	IF UNDER 1 YEAR Days -	IF UNDER 1 MIN. Hours -	IF UNDER 1 MIN. Min. 15
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, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Walter h. Fleetwood		13b. MOTHER'S MAIDEN NAME Pauline Cantrell		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME Mr. Walter Fleetwood ADDRESS Seymour	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Erythroblastosis fetalis		INTERVAL BETWEEN ONSET AND 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. Hydrops		7700	
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 JAN 9, 1950, to JAN 9, 1950, that I last saw the deceased alive on JAN 9, 1950, and that death occurred at 4:01 P. m., from the causes and on the date stated above.

23a. SIGNATURE John P. Ferguson M.D. (Degree or title)		23b. ADDRESS Springfield Mo		23c. DATE SIGNED 1-9-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 1-10-50	24c. NAME OF CEMETERY OR CREMATORY Hodges Cemetery	24d. LOCATION (City, town, or county) 3 1/2 mile S.E. of Seymour Mo	(State)	
DATE REC'D BY LOCAL REG. 1-11-50		REGISTRAR'S SIGNATURE W. S. Haulby M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Kelley Ferrell Bergman ADDRESS Seymour Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.

Student
Student Embalmer

this Body was Not Embalmed

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.