

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 824

BIRTH NO. 1534-50 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 24

0396

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL - Cass Twp.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Willard R#1</b>	
3. NAME OF DECEASED a. (First) <b>BETTY</b> b. (Middle) <b>MAY</b> c. (Last) <b>McCall</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 9 1950</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>January 3, 1950</b>
9a. AGE (In years last birthday) <b>0</b>		9b. IF UNDER 1 YEAR (Months) <b>0</b>	9c. IF UNDER 24 HRS. (Days) <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Child</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Child</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Wesley McCall</b>	
13b. MOTHER'S MAIDEN NAME <b>Anna May Overtaelt</b>		14. NAME OF HUSBAND OR WIFE <b>-</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Wesley McCall</b> ADDRESS <b>Willard R#1</b>
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) <b>Antecedent Causes</b>  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Congenital Tracheo-esophageal fistula 6 days</b>  DUE TO (c) <b>-</b>			INTERVAL BETWEEN ONSET AND DEATH <b>75h 22</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <b>1-7-50</b>	19b. MAJOR FINDINGS OF OPERATION <b>Dilated stomach &amp; bowel due to above</b>		20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)	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>1-6</b> , 19 <b>50</b> to <b>1-9</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>1-9</b> , 19 <b>50</b> , and that death occurred at <b>6:10 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>R.D. Duncan O.M.D.</b> (Degree or title)		23b. ADDRESS <b>Springfield, Mo</b>	23c. DATE SIGNED <b>1-9-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan 10, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Pleasant Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Greene Co. Mo</b>
DATE REC'D BY LOCAL REG. <b>1-9-50</b>	REGISTRAR'S SIGNATURE <b>W.E. Handley</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Burn Funeral Home</b> ADDRESS <b>Ch. Green 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.....

.....  
working under my personal supervision. *Not Embalmed* Student Embalmer No. ....

Student .....  
Student Embalmer

Signed *Warren D. Dufflet* .....

Licensed Embalmer No. *4005* .....

P. O. Address *Oak Grove 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.