

FILED OCT 16 1950

STANDARD CERTIFICATE OF DEATH

State File No. 30059

BIRTH NO. 644628-50 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 900

1. PLACE OF DEATH
 a. COUNTY **GREENE**
 b. CITY (If outside corporate limits, write RURAL and give township) **Springfield**
 c. LENGTH OF STAY (in this place) **0**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **City Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri** b. COUNTY **Greene**
 c. CITY (If outside corporate limits, write RURAL and give township) **Springfield**
 d. STREET ADDRESS (If rural, give location) **1823 N National**

3. NAME OF DECEASED
 a. (First) **Infant** b. (Middle) **Daug of Mr + Mrs Noel Tatum** c. (Last) **Tatum**
 4. DATE OF DEATH (Month) (Day) (Year) **Oct 13, 1950**

5. SEX **M** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single**
 8. DATE OF BIRTH **Oct 13, 1950** 9. AGE (In years last birthday) Months Days Hours Min. **0 0 0 0**

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) **Greene Co. MO**
 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Noel Tatum** 13b. MOTHER'S MAIDEN NAME **Grace Powell** 14. NAME OF HUSBAND OR WIFE **Infant**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, state year and dates of service) **NO**
 16. SOCIAL SECURITY NO. **NO** 17. INFORMANT'S SIGNATURE OR NAME **Noel Tatum** ADDRESS **1823 N National**

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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Congenital heart disease**
 ANTECEDENT CAUSES **disease**
 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.
7544

19a. DATE OF OPERATION **None** 19b. MAJOR FINDINGS OF OPERATION **none** 20. AUTOPSY? YES 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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **10/13, 1950**, to **10/13, 1950**, that I last saw the deceased alive on **10/13, 1950**, and that death occurred at **2:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Edward Marcus** (Degree or title) **MD** 23b. ADDRESS **Springfield Mo** 23c. DATE SIGNED **10/13/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Oct 14, 1950** 24c. NAME OF CEMETERY OR CREMATORY **Spokane Cemetery** 24d. LOCATION (City, town, or county) (State) **Spokane Mo MO**

DATE REC'D BY LOCAL REG. **10-14-50** REGISTRAR'S SIGNATURE **W.B. Handley** 25. FUNERAL DIRECTOR'S SIGNATURE **J.W. Klingner** ADDRESS **Springfield Mo**

(Licensed Embalmer's Statement on Reverse Side)

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

396
0

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.

Signed.....

Ogle Stone Jr

Signed.....
Student Embalmer

Licensed Embalmer No.

4176

P. O. Address.....

Springfield

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.