

FILED OCT 30 1950

STANDARD CERTIFICATE OF DEATH

Dr. Evans RD  
State File No. 33262  
Registrar's No. 927

BIRTH NO. 64611-50 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

0396  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD 0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION BURGE HOSPITAL		d. STREET ADDRESS (If rural, give location) 1606 N. ROGERS	

3. NAME OF DECEASED (Type or Print) a. (First) DAVID	b. (Middle) WAYNE	c. (Last) SADDLER	4. DATE OF DEATH (Month) (Day) (Year) OCT. 21, 1950
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 10/20/50	9. AGE (In years last birthday) 1	10. F UNDER 1 YEAR Days	11. F UNDER 4 HRS. Hours Min.
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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
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13a. FATHER'S NAME HERSCHEL O. Saddler	13b. MOTHER'S MAIDEN NAME VELMA BRAYFIELD	14. NAME OF HUSBAND OR WIFE * * *
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) * * NO (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Non*	17. INFORMANT'S SIGNATURE OR NAME Mother Mrs. H.O. Saddler	ADDRESS As above
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Immaturity DUE TO (c) Premature Birth		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			7735

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 10/20, 1950, to 10/21, 1950, that I last saw the deceased alive on 10/20, 1950, and that death occurred at 2 a. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) MD	23b. ADDRESS 609 Cherry St.	23c. DATE SIGNED 10/23/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE October 22 50	24c. NAME OF CEMETERY OR CREMATORY Eastlawn	24d. LOCATION (City, town, or county) (State) Springfield, Mo.
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DATE REC'D BY LOCAL REG. 10-23-50	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE HERMAN H. LOHMEYER	ADDRESS Springfield Missouri
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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.

Student Embalmer No.....

Signed.....

*Lucian T. Shaddy*

Signed.....

Student Embalmer

Licensed Embalmer No. *4815*

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.