

FILED SEP 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26619

BIRTH NO. 51650-51 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 731

1. PLACE OF DEATH a. COUNTY <u>Greene</u> GREENE <u>0396</u>		2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Taylor Twsp. 0396</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Strafford R.F.D. # 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alma</u> b. (Middle) <u>Nadine</u> c. (Last) <u>King</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 25 1951</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Aug 24 - 1951</u>
9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR (Months) <u>1</u> IF UNDER 12 HRS. (Hours) (Min.) <u>1:29</u>		11. BIRTHPLACE (State or foreign country) <u>Springfield, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Leo King</u>	
13b. MOTHER'S MAIDEN NAME <u>Alma Gones</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u> (If yes, give war or dates of service) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Leo King, R#1 Strafford Mo</u>		ADDRESS <u>—</u>	
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) <u>Prematurity</u> 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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		<u>776 X</u>	
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 <u>8-24</u> , 1951, to <u>8-25</u> , 1951, that I last saw the deceased alive on <u>8-25</u> , 1951, and that death occurred at <u>4:00 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W Alfred W. Johnson M.D.</u>		23b. ADDRESS <u>Burge Hospital Springfield Mo.</u>	
23c. DATE SIGNED <u>8-25-51</u>		24a. BURNAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>25 Aug 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Lawn</u>	
24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. Plimley</u>	
25. ADDRESS <u>Springfield, Mo.</u>		DATE REC'D BY LOCAL REG. <u>8-27-51</u>	
REGISTRAR'S SIGNATURE <u>W E Handley</u>		ADDRESS <u>—</u>	

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

6875

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1954

15th St. Department

Springfield, Missouri

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 _____
was not embalmed

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed..... *Ralph H. Thieme*

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri

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.