

SEP 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **29997**BIRTH NO. 30417-51 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 784

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) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Springfield 0396	
c. LENGTH OF STAY (in this place) 2 months		d. STREET ADDRESS (If rural, give location) 539 North Weaver Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield City Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) JANICE		b. (Middle) MAPLES	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Sept. 11, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 3, 1951
9. AGE (In years last birthday) 2		10. IF UNDER 1 YEAR Months 8	11. IF UNDER 2 HRS. Hours 8 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Springfield, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Colan Maples		13b. MOTHER'S MAIDEN NAME Rosa Hicks	
14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Clinical records, City Hospital		ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute sublethal intoxication</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 d.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Infections enteritis</u> <u>1 d.</u>	
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 5710	
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) (m.)		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>9-11</u> , 19 <u>51</u> , to <u>9-11</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9-11</u> , 19 <u>51</u> , and that death occurred at <u>5 p.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Walter Bursick, M.D., (D)</u>		23b. ADDRESS Springfield, Missouri	
23c. DATE SIGNED 9/13/1951			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/12/1951	
24c. NAME OF CEMETERY OR CREMATORY Crane Cemetery		24d. LOCATION (City, town, or county) (State) Crane, Missouri	
DATE REC'D BY LOCAL REG. 9-13-51		REGISTRAR'S SIGNATURE <u>W E Daudley</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W E Daudley</u>		ADDRESS Ayre-Goodwin Fun'l Service, Spgfld, 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

Signed Julian R. Anderson

Licensed Embalmer No. 4562

P. O. Address Springfield, 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.