

FILED JAN 21 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

948

BIRTH NO. 1416-52 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Greene</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</u>		c. LENGTH OF STAY (in this place) <u>20 min</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		<u>0376</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2810 N. Fremont</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSIE</u> b. (Middle) <u>ISHMEL</u> c. (Last) <u>SPRADLING, Jr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 11, 1952</u>								
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Jan. 11, 1952</u>		9. AGE (In years last birthday) <u>- -</u>	IF UNDER 1 YEAR Months <u>-</u>	IF UNDER 1 YEAR Days <u>-</u>	IF UNDER 1 YEAR Hours <u>-</u>	IF UNDER 1 YEAR Min. <u>-</u>	IF UNDER 1 YEAR Min. <u>20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>- - - -</u>		11. BIRTHPLACE (State or foreign country) <u>Springfield, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Jessie I. Spradling, Sr.</u>			13b. MOTHER'S MAIDEN NAME <u>Shirley Campbell</u>			14. NAME OF HUSBAND OR WIFE <u>- - - - -</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>- - - -</u>			16. SOCIAL SECURITY NO. <u>- - - -</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jessie I. Spradling, Sr., Springfield Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Atelectasis</u> INTERVAL BETWEEN ONSET AND DEATH							
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature labor</u> DUE TO (c) <u>Premature rupture of Amnion</u>							
				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  <u>7615</u>						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) (Min.)		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>1-11</u> <u>1952</u> , to <u>1-12</u> , 1952, that I last saw the deceased alive on <u>1-11</u> , 1952, and that death occurred at <u>5:40p</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>J. J. Ellis</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Springfield, Mo</u>				23c. DATE SIGNED <u>1-12-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY			24d. LOCATION (City, town, or county) (State)				
<u>Burial</u>		<u>1/12/52</u>		<u>Greenlawn</u>			<u>Springfield, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>1-15-52</u>		REGISTRAR'S SIGNATURE <u>James H. Amor, M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herman H. Lohmeyer, Springfield, Mo.</u>						

(Licensed Embalmer's Statement on Reverse Side)

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

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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 \_\_\_\_\_

....., Student Embalmer No. ....

working under my personal supervision.

THIS BABY WAS NOT EMBALMED

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No. ....

P. O. Address.....

**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.