

STANDARD CERTIFICATE OF DEATH

State File No. 8063

BIRTH NO. 20865 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 330

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. LENGTH OF STAY (In this place) 2 hours		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jackson Twsp 0390	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Johns Hospital		d. STREET ADDRESS (If rural, give location) Route 10, Springfield, Mo.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) NYLA	b. (Middle) GAY	c. (Last) SELF	(Month) April	(Day) 3	(Year) 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH April 3, 1952		9. AGE (In years last birthday) IF UNDER 1 YEAR -- -- -- --
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, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Raymond Self		13b. MOTHER'S MAIDEN NAME Hazel P Sprague		14. NAME OF HUSBAND OR WIFE ---	
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 Raymond Self, Springfield, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Congenital pulmonary atelectasis</i>		II. OTHER SIGNIFICANT CONDITIONS <i>prematurity</i>				
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.				
		DUE TO (b)				
		DUE TO (c)				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7625			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)		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 4-3, 1952, to 4-3, 1952, that I last saw the deceased alive on 4-3, 1952, and that death occurred at 5:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		(Degree or title) MD		23b. ADDRESS Springfield, Mo		23c. DATE SIGNED 4-4-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 5, 1952		24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Missouri	

DATE REC'D BY LOCAL REG. 4-4-52		REGISTRAR'S SIGNATURE James R. Amos, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Alma Schmeier, Springfield, Mo		ADDRESS 310	
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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 _____

James W. Waite

Signed.....
Student Embalmer

Licensed Embalmer No. *4650*

P. O. Address *Springfield, W.*

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.