

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16094**

No. 300
10-48

JUN 2 1952
BIRTH NO. 28537 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 525

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 1391	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hosp.		d. STREET ADDRESS (If rural, give location) 725 E. High	

3. NAME OF DECEASED (Type or Print), a. (First) Phyliss b. (Middle) Jean c. (Last) Longwell			4. DATE OF DEATH (Month) (Day) (Year) May 29 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 23, 1952		9. AGE (In years last birthday) Months Days 6 0
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (City and State or Foreign Country) Burge Hosp. Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Alford Longwell	13b. MOTHER'S MAIDEN NAME Lyvina Moore	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Alfred Longwell, Springfield, Missouri	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth (low)		INTERVAL BETWEEN ONSET AND DEATH 6 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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 776X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 23 May, 1952, to 29 May, 1952, that I last saw the deceased alive on 28 May, 1952, and that death occurred at 6 P. M., from the cause and on the date stated above.

23a. SIGNATURE James A. Amos M.D. (Degree or title)	23b. ADDRESS Springfield 2, Mo.	23c. DATE SIGNED 29 May 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 31, 1952	24c. NAME OF CEMETERY OR CREMATORY Greenbawn Cem.	24d. LOCATION (City, town, or county) (State) Springfield, Missouri
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DATE REC'D BY LOCAL REG. 5/31/52	REGISTRAR'S SIGNATURE James A. Amos M.D.	25. FUNERAL DIRECTOR'S SIGNATURE J.W. Klingner & Co	ADDRESS Springfield,
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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 William B. Cantel

Licensed Embalmer No. 4820

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.