

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20090**

FILED JUN 9 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 553

0396

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

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> 396	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	c. LENGTH OF STAY (In this place) <u>4 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>728 1/2 N. Kansas Avenue</u>		d. STREET ADDRESS <u>728 1/2 N. Kansas Avenue</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGIA</u> b. (Middle) <u>MARIE</u> c. (Last) <u>DAVEE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 5, 1952</u>		
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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>12 Jan. 1952</u>		9. AGE (In years last birthday) <u>0</u> MONTHS <u>4</u> DAYS <u>23</u> IF UNDER 1 YEAR Hours <u> </u> Min. <u> </u>
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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>		11. BIRTHPLACE (State or foreign country) <u>Springfield, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Marshall L. Davee</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Wallace</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>M.L. Davee</u> ADDRESS <u>728 1/2 N. Kansas Avenue, Springfield, Missouri.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probably Bronchial Pneumonia</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 contributing to the death but not related to the disease or condition causing death. <u>hypoplasia Cerebellum</u>	UNATTENDED BY A PHYSICIAN					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>49 IX</u>					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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>AT WORK</u>	
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22. I hereby certify that I attended the deceased from _____ to _____, that I have seen the deceased alive on _____, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>James R. Moore</u> Registrar (Degree or title) <u>Vital Statistics</u>		23b. ADDRESS <u>Greene County Health Dept Springfield, Missouri</u>		23c. DATE SIGNED <u>6/9/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6 June 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri.</u>		
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DATE REC'D BY LOCAL REG. <u>6/6/52</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25 FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. Plimney</u> ADDRESS <u>Springfield, Missouri.</u>		
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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 _____
Was not embalmed

working under my personal supervision.

Student Embalmer No.

Signed

Ralph H. Thieme

Signed.....
Student Embalmer

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.