

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24184

State File No. ....

WED AUG 4 1952

BIRTH NO. 49803 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 726

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

1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield, Rural, South Campbell</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>Rt. #3</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Renee</b>			b. (Middle) <b>Lynn</b>		c. (Last) <b>Looney</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 31 1952</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>30 July 1952</b>		9. AGE (In years, last birthday) (Months) (Days) (Hours) (Mins.) <b>— — — — — I</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Luther Looney</b>			13b. MOTHER'S MAIDEN NAME <b>Isadore Steele</b>			14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Luther Looney Rt.#3 Springfield, Mo.</b>					
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity</b>  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 Conditions contributing to the death but not related to the disease or condition causing death. <b>severe Congenital Alelectasis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>7625</b>						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) <b>Springfield, Greene, Mo.</b>					
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 <b>July 30, 1952</b> to <b>July 31, 1952</b> , that I last saw the deceased alive on <b>July 31, 1952</b> , and that death occurred at <b>9:15 a.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Paul J. Busick M.D.</b>				23b. ADDRESS <b>609 Cherry St.</b>				23c. DATE SIGNED <b>8-1-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>8-1-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield Mo.</b>			
DATE REC'D BY LOCAL REG. <b>8-1-52</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson Registrar</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. Klingner &amp; Co. Springfield, Mo.</b>				

**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 *J. B. Langner* \_\_\_\_\_

Licensed Embalmer No. *3358* \_\_\_\_\_

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.