S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27728

FILED SEP 2 - 1952

BIRTH NO. 4972 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 789

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Burge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield 0396
d. STREET ADDRESS (If rural, give location): 1611 No. Robberson 0

3. NAME OF DECEASED (Type or Print)
a. (First): DWAIN
b. (Middle): LYNN
c. (Last): FORSHEE

4. DATE OF DEATH (Month) (Day) (Year): AUG 25 - 1952

5. SEX: BOY MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): INFANT
8. DATE OF BIRTH: AUG 24 - 1952
9. AGE (In years last birthday): 0 — If under 1 year: Months 0, Days 0 — If under 24 hrs.: Hours 19, Min. 34

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 (City and State or Foreign Country): Springfield Mo
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Wendell Forsher
13b. MOTHER'S MAIDEN NAME: Barbara Cobb
14. NAME OF HUSBAND OR WIFE: infant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Wendell Forsher — **ADDRESS**: Springfield Mo

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): Premature Birth — INTERVAL BETWEEN ONSET AND DEATH: 12

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 776X
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-24, 1952, *to* 8-25, 1952, *that I last saw the deceased alive on* 8-25, 1952, *and that death occurred at* 2:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Urban J. Busick (Degree or title): M.D.
23b. ADDRESS: Springfield, Mo
23c. DATE SIGNED: 8-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-26-52
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Greene Co. Mo

DATE REC'D BY LOCAL REG.: 8-27-52
REGISTRAR'S SIGNATURE: Deputy Registrar Edith Williamson
25. FUNERAL DIRECTOR'S SIGNATURE: Brim - Daniel
ADDRESS: Ash Grove Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Doyle L. Samuel

Licensed Embalmer No. 4702

P. O. Address Ash Grove - 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.