

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 18 1952 49954  
REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 State File No. 27791 Registrar's No. 762

1. PLACE OF DEATH a. COUNTY GREENE 0396 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene 0390	
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 Walnut Grove 1	
c. LENGTH OF STAY (In this place) 5 days		d. STREET ADDRESS (If rural, give location) Walnut Grove	
d. FULL NAME OF HOSPITAL OR INSTITUTION ZARK OSTEOPATHIC HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) BABY GIRL b. (Middle) YOUNG c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Aug 14, 1952			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH Aug. 9, 1952	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0 Days 5	IF UNDER 24 HRS. Hours Min.
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? USA

13a. FATHER'S NAME Edward Young		13b. MOTHER'S MAIDEN NAME Velma Cook		14. NAME OF HUSBAND OR WIFE Infant	
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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward Young Walnut Grove Mo	

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) Respiratory FAILURE		DUE TO (b) PREMATURITY				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 8-9-52, 1952, to 8-14, 1952, that I last saw the deceased alive on 8-14, 1952, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G.F. Stays		23b. ADDRESS Ash Grove, Mo.		23c. DATE SIGNED 8/14/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 15, 52		24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	
				24d. LOCATION (City, town, or county) Springfield, Missouri (State)	

DATE REC'D BY LOCAL REG. 8-16-52		REGISTRAR'S SIGNATURE Edith Williamson, Registrar		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W. KLINGNER & CO. Springfield	
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(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. 468

working under my personal supervision.

Student

Ludney J. Pitts  
Student Embalmer

Signed

Ogle Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

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.