No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1056

FILED FEB 9 1953

BIRTH NO. 7888 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 128

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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): 1day
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, Rural, S. Campbell
d. STREET ADDRESS (If rural, give location): RR# 7 039P

3. NAME OF DECEASED (Type or Print): a. (First) INFANT b. (Middle) DAUGHTER c. (Last) MR&MRS DAN HENDRIX
4. DATE OF DEATH (Month) 2 (Day) 1 (Year) 53
5. SEX: F
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE 0
8. DATE OF BIRTH: 1-31-53
9. AGE (In years last birthday): 0 — If under 1 year: Months 0, Days 1, Hours 15, 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 (City and State or Foreign Country): SPRINGFIELD, MISSOURI C
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: DAN HENDRIX
13b. MOTHER'S MAIDEN NAME: OPAL MAPLES
14. NAME OF HUSBAND OR WIFE: NONE
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.: No
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: DAN HENDRIX Rt.7 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) Congenital Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 38hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Prematurity
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 7625

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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) Springfield (COUNTY) Greene (STATE) Mo
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* 1-31-, 1953, *to* 2-1-, 1953, *that I last saw the deceased alive on* 2-1-53, 19__, *and that death occurred at* 7:25 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Paul J. Burge M.D. (Degree or title)
23b. ADDRESS: 608 Cherry St. Springfield Mo.
23c. DATE SIGNED: 2-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-3-1953
24c. NAME OF CEMETERY OR CREMATORY: Brookline Cemetery
24d. LOCATION (City, town, or county) (State): Brookline Missouri

DATE REC'D BY LOCAL REG.: 2-3-53
REGISTRAR'S SIGNATURE: Edith Williamson Deputy Registrar
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: J.W.Klingner & Co Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.