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. 21305

FILED JUN 29 1953

BIRTH NO. 35544 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 583

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): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION: 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): Strafford
d. STREET ADDRESS (If rural, give location): no street address

0390 1

3. NAME OF DECEASED (Type or Print)
a. (First): GARY
b. (Middle): LEE
c. (Last): JUSTICE

4. DATE OF DEATH (Month) June (Day) 18 (Year) 1953

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married C

8. DATE OF BIRTH: June 17, 1953

9. AGE (In years last birthday): ——— If under 1 year: Months ——— Days 1 If under 1 day: 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 (City and State or Foreign Country): Springfield, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Claude Justice

13b. MOTHER'S MAIDEN NAME: Roma Lawson

14. NAME OF HUSBAND OR WIFE: ———

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Claude Justice, Strafford, Missouri

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: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature birth
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 7625

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* 6/17/, 1953, *to* 6/18/, 1953, *that I last saw the deceased alive on* 6/18/, 1953, *and that death occurred at* 3:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE Paul Busick (Degree or title) M. D.

23b. ADDRESS 609 Berry Springfield, Mo.

23c. DATE SIGNED 6/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 20, 1953

24c. NAME OF CEMETERY OR CREMATORY: Danforth Cemetery

24d. LOCATION (City, town, or county) (State): Near Springfield, Mo.

DATE REC'D BY LOCAL REG.: 6-22-53

REGISTRAR'S SIGNATURE: Edith Williamson

25. FUNERAL DIRECTOR'S SIGNATURE: Alma Lohmeyer

ADDRESS: Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr Bus
Prof

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 Carl J. Glenn

Licensed Embalmer No. 4707

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.