

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38786**

FILED DEC 14 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1088

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (In this place) <u>8 hrs.</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hosptl</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>601 N. Weaver</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u> b. (Middle) <u>Betty</u> c. (Last) <u>Lee</u>			4. DATE OF DEATH (Month) <u>12</u> (Day) <u>5</u> (Year) <u>53</u>		
5. SEX <u>3</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>12-5-53</u>		9. AGE (In years last birthday) <u>—</u>		10. IF UNDER 1 YEAR Days <u>—</u> IF UNDER 14 HRS. Hours <u>—</u> Min. <u>8</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Ann Lee</u>	
14. NAME OF HUSBAND OR WIFE <u>—</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Marie Yancey</u>		ADDRESS <u>406 W. Web-</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u>	

18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Atelectasis</u>		ANTECEDENT CAUSES		8 hrs	
DUE TO (b) <u>Congenital Syphilis</u>		DUE TO (c) <u>Secondary Anemia & Syphilis of mother</u>		Unknown	
II. OTHER SIGNIFICANT CONDITIONS		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT (Specify) <u>HOMICIDE</u>		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) (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 <u>12-8-53</u> to <u>12-8-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12-8-53</u> , 19 <u>53</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>R. C. Conrad, M.D.</u>		23b. ADDRESS <u>Springfield, Mo.</u>	
23a. SIGNATURE		23b. ADDRESS		23c. DATE SIGNED <u>12-5-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-8-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Haylewood</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) <u>Springfield Mo</u>		24d. LOCATION (City, town, or county)		24d. LOCATION (City, town, or county)	
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25. FUNERAL DIRECTOR'S SIGNATURE <u>H.Y. Smith</u>		ADDRESS <u>602 N. Jefferson</u>	
DATE REC'D BY LOCAL REG. <u>12-8-53</u>		REGISTRAR'S SIGNATURE <u>Earl Williams</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	

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.....
Signature of Student Embalmer

Signed *Not Embalmed*.....

Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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