

FILED JAN 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. HOOVER
State File No. 936
Registrar's No. 73

BIRTH NO. 1505-TV REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 hrs		e. STREET ADDRESS (If rural, give location) 944 E. NORMAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION BURGE HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) CHARLENA b. (Middle) HUMPHRIES c. (Last) HUMPHRIES			4. DATE OF DEATH (Month) (Day) (Year) Jan. 20, 1954		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT	8. DATE OF BIRTH JAN. 20, 1954	9. AGE (In years last birthday) -	IF UNDER 1 YEAR Months - Days -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY - - -	11. BIRTHPLACE (City and State or Foreign Country) SPRINGFIELD, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME RALPH HUMPHRIES	13b. MOTHER'S MAIDEN NAME PATRICIA WEINOLD	14. NAME OF HUSBAND OR WIFE INFANT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **	16. SOCIAL SECURITY NO. **	17. INFORMANT'S SIGNATURE OR NAME ADDRESS RALPH HUMPHRIES, 944 E. Normal

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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia pallida Neonatorum.		INTERVAL BETWEEN ONSET AND DEATH at birth.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rapid hard labor terminating a prolonged labor of approximately 24 hours.		
	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 checked="" type="checkbox"/> NO <input 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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-20** ¹⁹⁵⁴, to **1-21**, 1954, that I last saw the deceased alive on **1/21**, 1954, and that death occurred at **Place of Death at 7:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Sheelbauer, M.D.	23b. ADDRESS Springfield Mo.	23c. DATE SIGNED 1-21-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/23/54	24c. NAME OF CEMETERY OR CREMATORY GREENLAWN
24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI.		

DATE REC'D BY LOCAL REG. 1-22-54	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman H. Lohmeyer, Springfield
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 24 1958

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 *Paul Shively*.....

Licensed Embalmer No. *472*.....

P. O. Address *Sp. J. Co.*.....

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.