

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15510

State File No.

FILED JUN 1 1954

128

2000

Registrar's No. 501

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b>		b. COUNTY <b>Lawrence</b>	
b. CITY OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (in this place) <b>8 days</b>		c. CITY OR TOWN <b>Aurora</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jimmy</b>			b. (Middle) <b>Paul</b>		
c. (Last) <b>Dean</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 23 1954</b>		
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>child</b>	
8. DATE OF BIRTH <b>May 7-1954</b>		9. AGE (In years last birthday) <b>16</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (City and State or Foreign Country) <b>AURORA, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Jimmy Dean</b>		13b. MOTHER'S MAIDEN NAME <b>ANNABEL SEARS</b>	
14. NAME OF HUSBAND OR WIFE <b>Infant</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Hospital chart</b>		ADDRESS			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congenital Malformation of Heart. Type not determined</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Situs inversus.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>16d (Congen)</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>7544</b>		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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>5-15, 1954</b> , to <b>5-23, 1954</b> , that I last saw the deceased alive on <b>5-22, 1954</b> , and that death occurred at <b>2:55 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Arthur Beech</b>		23b. ADDRESS <b>Springfield, Mo.</b>		23c. DATE SIGNED <b>5-23-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>May 24, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MANSONIC CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>CRANE, MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Arthur Beech</b>			
DATE REC'D BY LOCAL REG. <b>5-25-54</b>		REGISTRAR'S SIGNATURE <b>Frank Williamson</b>		ADDRESS <b>AURORA, Mo.</b>	

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 *Myself*, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Paul J. Sturs*  
Licensed Embalmer No. *3812*  
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.