

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. SCHWARTZ
State File No. **11603**

FILED APR 25 1955

BIRTH NO. 21877-55 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 364

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 type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) LIFE		e. STREET ADDRESS (If rural, give location) 2118 MARSHA DRIVE 03960	
d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. JOHN'S HOSP.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) CAROL	b. (Middle) LOUISE	c. (Last) PROPERT	(Month) APRIL	(Day) 20	(Year) 1955
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH APRIL 18 1955		9. AGE (In years last birthday) 2 <input type="checkbox"/> UNDER 1 YEAR Months 2 <input type="checkbox"/> UNDER 1 HR. Days 2 Hours 2 Min.
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? USA					

13a. FATHER'S NAME JOHN O. PROPERT		13b. MOTHER'S MAIDEN NAME LUCILE BRISCOE		14. NAME OF HUSBAND OR WIFE X	
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 JOHN O. PROPERT ADDRESS 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prenatally 7 1/2 mo. pregnancy		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Birth weight 3 1/2 lbs.			
		DUE TO (c) Persistent Stelectasis.			
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 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) (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 birth, 19 , to , 19 , that I last saw the deceased alive on 4-20-55, 19 , and that death occurred at 3 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. J. Schwartz M.D.		23b. ADDRESS 609 Cherry, Springfield, Mo.		23c. DATE SIGNED 4-20-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4/22/55		24c. NAME OF CEMETERY OR CREMATORY TEPEKA CEMETERY	
		24d. LOCATION (City, town, or county) (State) TOPEKA, KANSAS			

DATE REC'D BY LOCAL REG. 4-21-55		REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE W. H. E. [Signature] ADDRESS SPRINGFIELD, MO.	
---	--	---	--	--	--

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, ~~only~~....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. M. Carr*.....

Licensed Embalmer No. *272*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.