

FILED JAN 16 1956

## STANDARD CERTIFICATE OF DEATH

State File No. 1019

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY Greeneaton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (If this place) 30 hrs.		c. CITY OR TOWN Fort Crowder	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burger Hospital, 1423 N. Jefferson		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
e. STREET ADDRESS U.S.A. H. Fort Crowder, Mo.		0130			
3. NAME OF DECEASED (Type or Print) a. (First) Michael		b. (Middle) Lopez		c. (Last) Guzman	
4. DATE OF DEATH (Month) (Day) (Year) Jan. 12, 1956					
5. SEX Male		16. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH Jan 11, 1956		9. AGE (In years last birthday) —		IF UNDER 1 YEAR Months Days 30 Hours	
IF UNDER 1 YEAR Months Days 30 Hours		IF UNDER 1 HR. 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 None		11. BIRTHPLACE (City and State or Foreign Country) Fort Crowder, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Lopez Guzman		13b. MOTHER'S MAIDEN NAME Delcardo, (Aida) L	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Lopez Guzman, Fort Crowder, Mo.		17. ADDRESS Lopez Guzman, Fort Crowder, 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, ashenia, 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 30 hours			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Subdural Hemorrhage					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7620		20. AUTOPSY? YES <input 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)		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 1-16, 1955, to 1-12, 1955, that I last saw the deceased alive on 1-12, 1955, and that death occurred at 2:30 p.m., from the causes and on the date stated above.					
23a. SIGNATURE Paul Busiel		(Degree or title) M.D.		23b. ADDRESS Springfield, Mo.	
23c. DATE SIGNED 1-13-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 13, 1956	
24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		24d. LOCATION (City, town, or county) Neosho, Missouri		(State)	
DATE REC'D BY LOCAL REG. 1-13-56		REGISTRAR'S SIGNATURE Evelyn Williamson		25. FUNERAL DIRECTOR'S SIGNATURE Clark-Bigham Mortuary, Neosho, Mo.	
				ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 This Body was not Embalmed....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

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.