THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

965

STATE FILE NUMBER

FILED JAN 28 1957

1427-57 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 78

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, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes X No ☐	c. CITY OR TOWN Springfield 394 — Inside Limits Yes ✓ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Spgfld. Baptist — Length of stay in 1b Hosp. Life	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print): KAREN First SUE Middle INMON Last ~~WOOMER~~

4. DATE OF DEATH: Month Day Year Jan. 19, 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Jan. 19, 1957

9. AGE (In years last birthday): — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours 8 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 country): Springfield, Mo.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ~~Leonard Woomer~~

14. MOTHER'S MAIDEN NAME: Violet Inmon

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.: None

17. INFORMANT: Leonard Woomer-Springfield, Mo. Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prematurity

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 7735

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1/19/57, to 1/19/57 and last saw her/him alive on 1/19/57

Death occurred at 5:50 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ezra L. Evans, Jr. MD

22b. ADDRESS: 609 Cherry St Springfield Mo

22c. DATE SIGNED: 1/21/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-21-1957

23c. NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery

23d. LOCATION (City, town, or county) (State): Springfield, Missouri

24. FUNERAL DIRECTOR: Lee Kanney ADDRESS: Springfield, Mo.

25. DATE RECD. BY LOCAL REG.: 1-21-57

26. REGISTRAR'S SIGNATURE: Edith Williams

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

Cambridge 2-13-57

Health, Welfare Public Service

800 -56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Not embalmed.

Licensed Embalmer No.....X

P. O. Address .....X.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.