

Health, Welfare, Public Service, 300, 4-56, All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms will be listed.

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 82886

FILED MAR 25 1957
8648-57

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 174-B

| | | | | | |
|--|----------------------------------|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Greene | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Success | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital | | Length of stay in 1b 26 hrs | d. STREET ADDRESS (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last (INFANT FEMALE) HARPER | | | 4. DATE OF DEATH Month Day Year FEBRUARY 15, 1957 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH February 14, 1957 | 9. AGE (In years last birthday) ----- | IF UNDER 1 YEAR Months Days Hours Min. --- 1 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant | | 10b. KIND OF BUSINESS OR INDUSTRY Infant | 11. BIRTHPLACE (City and state or country) Pulaski County, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME Lyle J. Harper | | | 14. MOTHER'S MAIDEN NAME Ida B. Dawson | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ---- | | 16. SOCIAL SECURITY NO. ----- | 17. INFORMANT Address Lyle J. Harper, Success, Missouri | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity. | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 day |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | |
| DUE TO (b) _____ | | | | | |
| DUE TO (c) _____ | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Congenital Atelectasis. | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 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 Feb 14 to February 15, 1957 and last saw her/him alive on Feb 15, 1957 Death occurred at 7:10 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Paul Busiek M.D. | | | 22b. ADDRESS Springfield, Missouri | | 22c. DATE SIGNED 3/18/57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 2/15/57 | 23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery | | 23d. LOCATION (City, town, or county) (State) Success, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS Lyle Harper, Success, Missouri | | | 25. DATE RECD. BY LOCAL REG. 3-19-57 | 26. REGISTRAR'S SIGNATURE Wanda Williams | |

(Licensed Embalmer's Statement on Reverse Side)

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 embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

NOT EMBALMED

Licensed Embalmer No.....

P. O. Address.....

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.