

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30859-58

58-017826
STATE FILE NUMBER

FILED MAY 19 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 493A

S. 300
v. 1-57
All diseases in Part I must be causally related.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

| | | | | | |
|---|-------------------------------|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | | |
| b. CITY OR TOWN <u>Springfield</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Springfield 0396</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Eng. Baptist Hosp. Life</u> | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) <u>Parents' 935 W. Pershing</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Not named</u> Middle <u></u> Last <u>Deadmond</u> | | | 4. DATE OF DEATH Month <u>5</u> Day <u>9</u> Year <u>58</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>5-9-58</u> | 9. AGE (In years last birthday) | IF UNDER 1 YEAR Months <u>1</u> Days <u>30</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>----</u> | 11. BIRTHPLACE (City and state or country) <u>Springfield, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>Everett Deadmond</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Kathryn Duckworth</u> | | 14. NAME OF HUSBAND OR WIFE <u>-----</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT <u>Everett Deadmond-Springfield, Mo.</u> | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congenital Atelectasis</u> <u>Extreme Prematurity</u> <u>26 wks gestation</u> Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) <u></u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs.</u> | |
| 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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u> | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY <u></u> STATE <u></u> | |
| 21. I attended the deceased from <u>5/9/58 7:30 PM</u> to <u>5-9-58 9 PM</u> and last saw her alive on <u>5/9/58</u> Death occurred at <u>5-9-58 9 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>Conrad, M. D. Springfield, Mo.</u> | | | 22b. ADDRESS <u>Springfield, Mo.</u> | | 22c. DATE SIGNED <u>5-10-58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>5-11-58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Eisenhower Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Stone County, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Springfield, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>5-16-58</u> | | 26. REGISTRAR'S SIGNATURE <u>Effie S. Melton</u> | |

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. *Not Embalmed.*

Student -----
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. ~~3912~~

P. O. Address *Springfield, Mo*

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.