

Health, Welfare, Public Service

Dr. White

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021580

STATE FILE NUMBER

FILED JUL 14 1958

Registration District No. 12-8 Primary Registration District No. 2000 Registrar's No. 688

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY COOK	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN CHICAGO 8120 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGE HOSP. Length of stay in lb 1 DAY		d. STREET ADDRESS (If outside, give location) 2814 W. 36th Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last NANCY LEE			4. DATE OF DEATH Month Day Year JULY 5 1958
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 JULY 4 1958
10a. USUAL OCCUPATION (Give kind of work done during most of waking life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) SPRINGFIELD, MO. 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME GEORGE LEE		13b. MOTHER'S MAIDEN NAME MARY SWESS	14. NAME OF HUSBAND OR WIFE X
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO	17. INFORMANT Address MARY LEE CHICAGO, ILL.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE DUE TO (b) PREMATUREITY DUE TO (c) PREMATUREITY Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchitis pneumonia, Congenital Atelectasis INTERVAL BETWEEN ONSET AND DEATH 1 day			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 7605	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 July 4 (Birth) to July 5 and last saw her alive on July 5 Death occurred at 9 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul Busiet M.D.		22b. ADDRESS Springfield, Mo	22c. DATE SIGNED 7/7/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7/7/58	23c. NAME OF CEMETERY OR CREMATORY ST. MARY'S CEMETERY	23d. LOCATION (City, town, or county) STATE) SPRINGFIELD, MO.
24. FUNERAL DIRECTOR H.H. LOHMEYER ADDRESS SPRINGFIELD, MO.		25. DATE RECD. BY LOCAL REG. 7-7-58	26. REGISTRAR'S SIGNATURE Effie S. Melton

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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. (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.