

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039523

STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1155

5. 300
1-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE California COUNTY Unknown	
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 Newark 8049 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		Length of stay in 1b 12 hours	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 DEBRA Middle MAY Last FIELDER			4. DATE OF DEATH Month Dec. Day 1, Year 1958		
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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 Dec. 2, 1957	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Burton Wood, England	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Fielder	13b. MOTHER'S MAIDEN NAME Dorothy Ashworth	14. NAME OF HUSBAND OR WIFE Infant
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, no war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Hospital Records and Kneil Funeral Home, Carthage Missouri
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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 edema		INTERVAL BETWEEN ONSET AND DEATH 16 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral Contusion		16 hrs
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input checked="" 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.) 2 car accident on U.S. "66" 1 Mile East of
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20c. TIME OF INJURY 12:50	Hour 12 Month 1 Day 1958	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) U.S. Highway "66"	20e. CITY, TOWN, OR LOCATION near Carthage, Jasper, Missouri
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20d. INJURY OCCURRED WHILE AT <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.) U.S. Highway "66"	20f. CITY, TOWN, OR LOCATION near Carthage, Jasper, Missouri
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21. I attended the deceased from Death occurred at 5:05 P.M. on 12/1/58 to 12/1/58 and last saw her alive on 12/1/58 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. Nealburg, M.D.	22b. ADDRESS Springfield, Mo.	22c. DATE SIGNED 12/2/58
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23a. BURIAL, CREATION, REMOVAL (Specify) Removal	23b. DATE 12/2/58	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Carthage, Missouri
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24. FUNERAL DIRECTOR Ralph Pliner, Springfield, Missouri	25. DATE RECD. BY LOCAL REG. 12-5-58	26. REGISTRAR'S SIGNATURE Effie G. Melton
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Harold Futrell, Student Embalmer No. 571 working under my personal supervision.

Student Harold Futrell
Signature of Student Embalmer

Signed Lee Mason

Licensed Embalmer No. 4568

P. O. Address Springfield,

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.