

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-020954

FILED JUL 14 1959

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 731

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo' b. COUNTY Greene				
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		Length of stay in 1b		c. CITY OR TOWN Springfield		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 810 W Grand		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Infant Middle Last Durham				4. DATE OF DEATH Month July Day 2 Year 1959				
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-2-59	9. AGE (last birthday) IF UNDER 1 YEAR Months Days Hours Min. 2		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done of working life, even if retired) Infant			10b. KIND OF BUSINESS OR INDUSTRY Infant		11. BIRTHPLACE (City and state or country) Springfield Mo'		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Douglas Durham			13b. MOTHER'S MAIDEN NAME Erma Wells			14. NAME OF HUSBAND OR WIFE Infant		
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 Douglas Durham 810 W. Grand			
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							INTERVAL BETWEEN ONSET AND DEATH about 1 hour	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) UNKNOWN (TRAUMA OF LABOR?)							about 8 hours of labor	
DUE TO (c) UNKNOWN								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year a.m. p.m.								
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 BIRTH 3³⁰ AM to DEATH 5⁰⁰ AM and last saw <u>him</u> alive on 4⁰⁰ AM 7/2/59 Death occurred at 5:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Paul L. Pruitt, M.D.				22b. ADDRESS 304 PROF. BUILDING, SPRINGFIELD, MO.			22c. DATE SIGNED July 3, 1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 3 1959	23c. NAME OF CEMETERY OR CREMATORY Lincoln Cem.		23d. LOCATION (City, town, or county) Springfield Mo'				
24. FUNERAL DIRECTOR ADDRESS H.V Smith 602 N Jefferson St.				25. DATE RECD. BY LOCAL REG. 7-6-59		26. REGISTRAR'S SIGNATURE Effie G. Meehan		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
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.