

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024783

FILED VS JUL 27 1959

STATE FILE NUMBER

Registration District No. 728 Primary Registration District No. 2000 Registrar's No. 782

1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY GREENE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b 2 DAYS		c. CITY OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION BURGE HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1205 SO. NATIONAL		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LORRAINE Middle CAROL Last LOGUE			4. DATE OF DEATH Month JULY Day 22 Year 1959				
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 7/20/59	9. AGE (last birthday) IF UNDER 1 YEAR Months _____ Days 2 Hours _____ Min. _____		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (City and state or country) SPRINGFIELD, MO.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME MICHAEL LOGUE			13b. MOTHER'S MAIDEN NAME GERALDINE GOOSEN		14. NAME OF HUSBAND OR WIFE X		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address MICHAEL LOGUE SPRINGFIELD, MO.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Marked Prematurity						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Approx. 24 weeks pregnancy					
		DUE TO (c) Birth weight 2#					
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 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 _____ 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 7-20-59 to 7-22-59 and last saw her ^{her} _{last} alive on 7-21-59 Death occurred at 7 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE E. J. Schwartz M.D. (Degree or title)			22b. ADDRESS 609 Cherry Springfield		22c. DATE SIGNED 7-22-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7/23/59	23c. NAME OF CEMETERY OR CREMATORY ST MARYS CEMETERY		23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI			
24. FUNERAL DIRECTOR HERMAN LOHMEYER		ADDRESS SPRINGFIELD, MO		25. DATE RECD. BY LOCAL REG. 7-24-59	26. REGISTRARS SIGNATURE Effie S. Melton		

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 _____

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.