

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035836

FILED VS. NOV. 2 1959 *28*

Registration District No. *2000* Primary Registration District No. *2000*

Registrar's No. *1117*

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Green		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo COUNTY Christian	
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield Mo		Length of stay in 1b 2 weeks	c. CITY OR TOWN Ozark, Mo 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 Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Ozark, Mo Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Randy Middle Ray Last Hardcastle			4. DATE OF DEATH Month Oct Day 017 Year 1959
5. SEX Male	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 10/2/59
9. AGE (last birthday) 2 weeks		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Infant	11. BIRTHPLACE (City and state or country) Springfield, Mo
12. CITIZEN OF WHAT COUNTRY U S A		13. FATHER'S NAME Jerry Hardcastle	
13b. MOTHER'S MAIDEN NAME Nora Smith		14. NAME OF HUSBAND OR WIFE	
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 Jerry Hardcastle, Ozark, Mo
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia DUE TO (b) Prematurity DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH Terminal
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) congenital defect of abdominal wall with protrusion of small bowel Abdominal wall with protrusion of small bowel Abdominal wall (exploded on 10/16/59)			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"/>	20b. SUICIDE <input type="checkbox"/>	20c. HOMICIDE <input type="checkbox"/>
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
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 10/2/59 to 10/17/59 and last saw her/him alive on 10/16/59 Death occurred at 6 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Chris L. Polchop MD		22b. ADDRESS Springfield, Mo.	22c. DATE SIGNED 10/21/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/18/59	23c. NAME OF CEMETERY OR CREMATORY Lutie Cemetery	23d. LOCATION (City, town, or county) (State) Ozark Co, Mo
24. FUNERAL DIRECTOR T. B. Chaffin ADDRESS Ozark Mo		25. DATE RECD. BY LOCAL REG. 10-26-59	26. REGISTRAR'S SIGNATURE Effie S. Meelton

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 me

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address OZARK 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.