

DR. WHITE MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022599

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 906

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 18 1962

VS 300 Rev. 4/59

10397

21460

3

4 0

5 0

6

7 0

8 2

9761.5

10

11

124-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY **GREENE**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **SPRINGFIELD** Length of stay in 1b **9 HRS.**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **ST. JOHN'S HOSP.** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **WASHINGTON** b. COUNTY **RIDGEFIELD**
 c. CITY OR TOWN **RIDGEFIELD** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **ROUTE # 2 BOX # 648** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **INFANT** Middle **GANDY** Last **GANDY**
 4. DATE OF DEATH Month **JUNE** Day **7** Year **1962**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **6/7/62** 9. AGE (last birthday) IF UNDER 1 YEAR Months **9** Days **38** IF UNDER 24 HR Hours **9** Min **38**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **INFANT** 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and state or country) **SPRINGFIELD, MO.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME ********* 13b. MOTHER'S MAIDEN NAME **JEANE DAVY SHAWANOMETA** 14. NAME OF HUSBAND OR WIFE **RIDGEFIELD WASHINGTON**

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. **NO** 17. INFORMANT **MRS. JEANE GANDY, WASHINGTON**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Prematurity 28 weeks gestation**
 DUE TO (b) **Premature rupture membranes**
 DUE TO (c) _____
 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) **no Premature Care**
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour **10:55** a.m. Month, Day, Year **June 7 1962**

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Birth 1 am - 7:30 am** 20f. CITY, TOWN, OR LOCATION **SPRINGFIELD** COUNTY **GREENE** STATE **MO.**

21. I attended the deceased from **Birth 1 am - 7:30 am** to **10:55 am** and last saw her/him alive on **7 June**
 Death occurred at **10:55 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **[Signature]** (Degree or title) 22b. ADDRESS **205 Professional Bldg** 22c. DATE SIGNED **8 June 1962**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **6/9/62** 23c. NAME OF CEMETERY OR CREMATORY **GREENLAWN** 23d. LOCATION (City, town, or county) **SPRINGFIELD, MO.**

24. FUNERAL DIRECTOR ADDRESS **H. H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.** 25. DATE RECD. BY LOCAL REG. **6-12-62** 26. REGISTRAR'S SIGNATURE **Effie E. Mellen**

USE BLACK INK OR TYPEWRITER RIBBON

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 Lucian T. Shadley

Licensed Embalmer No. 4815

P. O. Address Springfield, 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.

Permit Serial 8-8-62