MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006058
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 274

FILED FEB 26 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2	b397	8397	
3			
4	1		
5	0		
6			
7	0		
8	2		
9	774X		
10			
11			
12	4-0		
13			

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SPRINGFIELD — Length of stay in 1b: LIFETIME
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST.JOHN's HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — COUNTY: GREENE
c. CITY OR TOWN: SPRINGFIELD — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 817 Mt.VERNON ST. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: INFANT Middle: Last: MORELOCK

4. DATE OF DEATH Month Day Year: FEBRUARY 20, 1963

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Feb.20,1963
9. AGE (last birthday): -0-
IF UNDER 1 YEAR: Months -0- Days -0- IF UNDER 24 HR: Hours 1 Min.

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: U.S.A.

13a. FATHER'S NAME: DENNIS J. MORELOCK
13b. MOTHER'S MAIDEN NAME: BARBARA DiSTEFANO
14. NAME OF HUSBAND OR WIFE: * * * * * * *

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of serv
16. SOCIAL SECURITY NO.:
17. INFORMANT: DENNIS J. MORELOCK, 817 Mt.Vernon — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Prematurity
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Congenital abnormalities: Failure of ossification of membranous bones.

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 a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at 5:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. M. Baldwin, M.D. (Degree or title) M.D.
Richard M. Baldwin,
22b. ADDRESS 600 S. Glenstone Springfield, Missouri
22c. DATE SIGNED 2/20/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/21/63
23c. NAME OF CEMETERY OR CREMATORY: MAPLE PARK
23d. LOCATION (City, town, or county) (State): SPRINGFIELD, MO.

24. FUNERAL DIRECTOR ADDRESS: HERMAN H. LOHMEYER, SPRINGFIELD, MO.
25. DATE RECD. BY LOCAL REG.: 2-21-63
26. REGISTRAR'S SIGNATURE: Effie E. Metton

(Licensed Embalmer's Statement on Reverse Side)

Permit 2-21-63

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 Lucius T. Sandley

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.