

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25174

State File No. _____

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 561

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2051 N. Campbell 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 31 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2051 N. Campbell
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1940 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him dead alive on July 6, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Sclerosis with thrombosis

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 984
While at work? _____ (Specify type of place)
(e) Means of injury _____
Signature R. H. White (M. D. or other) _____
Address Cowles Greene County Date signed 7/6/40

3. (a) PRINT FULL NAME Joseph F. Ready 3000
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ada B. Ready 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased December 5 1866
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 1 If less than one day hr. _____ min. _____

9. Birthplace Evansville Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Iron Moulder

12. Name John Ready

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ada B. Ready
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof July 8 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) July 8, 1940 (b) W.E. Hardley M.D.
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed L. Paulin Gorman

Licensed Embalmer No. 3177

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 this body is not embalmed, above space should be left blank.

X