

No. 2  
9-4-41  
5-17-41  
I X29484

*Dr. Callaway 2273*

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 54

FILED FEB 3 1943 128  
378

Registration District No. \_\_\_\_\_ Primary Registration District No. 2000

29  
22  
6  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **GREENE**  
(a) County: \_\_\_\_\_  
(b) City or town: Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Springfield Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 14 days  
In this community: 23 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Missouri (b) County: Greene **39**  
(c) City or town: Springfield **2**  
(If outside city or town limits, write "RURAL") **6**  
(d) Street No. 1090 S. Florence  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country: \_\_\_\_\_ **0**

3. (a) PRINT FULL NAME: Laura May Ooley  
3. (b) If veteran, name war: None 3. (c) Social Security No.: None

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married  
6. (b) Name of husband or wife: Andrew J. Ooley 6. (c) Age of husband or wife if alive: Unknown years  
7. Birth date of deceased: April 22, 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 8 26 hr. \_\_\_\_\_ min.

9. Birthplace: Rockville, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife  
11. Industry or business: In Home

MOTHER, FATHER { 12. Name: John Horner  
13. Birthplace: Unknown Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name: Caroline Campbell  
15. Birthplace: Unknown Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant: Andrew J. Ooley  
(b) Address: Springfield, Missouri

17. (a) Burial (b) Date thereof: 1/21/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Sheldon, Missouri

18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home  
(b) Address: Springfield, Missouri

19. (a) 1-20-43 (b) S. W. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18th  
year 1943 hour 7:25 minute P. M.  
21. I hereby certify that I attended the deceased from Jan 4 1943 to Jan 18 1943  
that I last saw her alive on Jan 18 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis Duration: 2 wk.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions: 94a  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
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? \_\_\_\_\_

While at work: \_\_\_\_\_ (Specify type of place) (e) Means of injury: \_\_\_\_\_  
23. Signature: Ray Callaway (M. D. or other) MD  
Address: Springfield, Mo Date signed: 1/19/43

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**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.....

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 this body is not embalmed, fact should be so stated above.**

X