

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10000

FILED DEC 27 1943

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 973

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:
P.O. S. NEW
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 years
In this community 17 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 801 S. New
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Mrs. TELITHA JOSEPHINE MAYDEN

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 widow

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive See years

7. Birth date of deceased October 14 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>88</u>	<u>1</u>	<u>18</u>		hr. min.

9. Birthplace Nashville Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Unknown

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 Arthur Nelson

(b) Address 801 S. New, Spfld, Mo

17. (a) Burial: (b) Date thereof Dec 4 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director W. C. Thomas

(b) Address Springfield, Mo.

19. (a) 12-3-43 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
year 1943 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from Unattended by to physician 19 43
that I last saw him alive on 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death probably cerebral hemorrhage

Due to hemorrhage

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 83a!

Of autopsy _____

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature W. E. Handley (M. D. or other) Local registrar

Address Springfield Mo Date signed 12/2-43

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

2
2
6

984

(Licensed Embalmer's Statement on Reverse Side)

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Fred O. Thorne

Licensed Embalmer No. 2899

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, fact should be so stated above.

