

No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Musick
State File No. 970

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield, Mo</u>	
c. LENGTH OF STAY (In this place) <u>9 Hrs</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 7</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>Ellsworth</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 25, 49</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 12 1896</u>
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Harry Cooper Supply Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Seymour, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Thomas Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Elder</u>	14. NAME OF HUSBAND OR WIFE <u>Mae Smith</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 1st World War</u>		16. SOCIAL SECURITY NO. <u>488-16-2893</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mae Smith</u> ADDRESS <u>Springfield, Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage, cerebral</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		33 hrs	
ANTECEDENT CAUSES		DUE TO (b) <u>Ate chilli, resulting in ptomain-</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>poison, the extreme vomiting, caused ruptured cerebral vessel</u>	
II. OTHER SIGNIFICANT CONDITIONS		Ptomain, as described under-	
Conditions contributing to the death but not related to the disease or condition causing death. <u>"Antecedent causes"</u>			
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>231</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) <u>Springfield, Greene, Missouri</u> (COUNTY) (STATE)	
21d. TIME OF INJURY <u>1-24-49</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Explained under # 1</u> <u>Accidental causes.</u>	
22. I hereby certify that I attended the deceased from <u>Jan. 24, 1949</u> , to <u>Jan. 25, 1949</u> , that I last saw the deceased alive on <u>Jan. 25, 1949</u> , and that death occurred at <u>9P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. Musick, M.D.</u> (Degree or title)		23b. ADDRESS <u>542-52 Med. Arts Bldg. Springfield, Mo.</u>	23c. DATE SIGNED <u>Jan. 26, 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/28/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo</u>
DATE REC'D BY LOCAL REG. <u>1-26-49</u>	REGISTRAR'S SIGNATURE <u>W E Handley M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman H. Lohmeyer, Spfd. Mo</u> ADDRESS	

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
Student Embalmer

Signed Walter E. Hanelto

Licensed Embalmer No. 3808

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.