

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1516

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 225

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</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (in this place) <u>3 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>1235 East Elm</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burger-Connelly Rest Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillian</u>		b. (Middle) <u>Williams</u>	
		c. (Last) <u>Bray</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 7 1949</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 16, 1871</u>	
9. AGE (In years last birthday) <u>77</u>		10. # UNDER 1 YEAR Months _____ Days _____	
11. # UNDER 1 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housew. Sp.</u>	
11. BIRTHPLACE (State or foreign country) <u>Mt Victory, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lot G Williams</u>		13b. MOTHER'S MAIDEN NAME <u>McDowell</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lura E Bray, Springfield, Missouri</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Cardio Vascular Hypertensive Disease</u> - <u>ar</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>44</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>Probably years</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>6-12, 1948</u> , to <u>3-7, 1949</u> , that I last saw the deceased alive on <u>3-4, 1949</u> , and that death occurred at <u>3:45 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. R. Pope</u>		23b. ADDRESS <u>Springfield Mo.</u>	
23c. DATE SIGNED <u>3-8-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>March 9, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Texas City, Texas</u>	
24d. LOCATION (City, town, or county) (State) <u>Texas City Texas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Lohmeyer</u>	
25. ADDRESS <u>Alma Lohmeyer Funeral Home, Springfield, Mo.</u>		DATE REC'D BY LOCAL REG. <u>3/8/49</u>	
REGISTRAR'S SIGNATURE <u>W. E. Handley</u>		25. ADDRESS <u>Alma Lohmeyer Funeral Home, Springfield, Mo.</u>	

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

APR 26 1949

**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.

Signed Jewell E. Kindle

Signed.....  
Student Embalmer

Licensed Embalmer No. 2831

P. O. Address Springfield

**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.