

No. 300
10. 48

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4561

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

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 226

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
c. LENGTH OF STAY (In this place) 20 Yrs.		d. STREET ADDRESS (If rural, give location) 909 S. Rogers	
d. FULL NAME OF HOSPITAL OR INSTITUTION 909 S. Rogers		d. STREET ADDRESS (If rural, give location) 909 S. Rogers	
3. NAME OF DECEASED (Type or Print) a. (First) Guy b. (Middle) _____ c. (Last) Kress			4. DATE OF DEATH (Month) (Day) (Year) March 7, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 15, 1874
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt.	11. BIRTHPLACE (State or foreign country) Clinton, New York
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Wilson Kress	
13b. MOTHER'S MAIDEN NAME ? Chatham		14. NAME OF HUSBAND OR WIFE Monta C. Kress	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes Spanish American		16. SOCIAL SECURITY NO. 489-10-46	
17. INFORMANT'S SIGNATURE OR NAME Monta C. Kress		ADDRESS Springfield, Mo.	
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) Adeno Carcinoma of Rectum		INTERVAL BETWEEN ONSET AND DEATH 15 Mo	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Name 15 1/2	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 7/15/48		19b. MAJOR FINDINGS OF OPERATION Adeno Carcinoma of Rectum	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>			
22. I hereby certify that I attended the deceased from 6-6 , 19 48 , to 3-7 , 19 49 , that I last saw the deceased alive on 2-5 , 19 49 , and that death occurred at 11a. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Joseph N. Hills M.D.		23b. ADDRESS 609 Cherry Springfield, Mo	
23c. DATE SIGNED 3-7-49			
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 3/9/49	
24c. NAME OF CEMETERY OR CREMATORY Odd Fellows		24d. LOCATION (City, town, or county) (State) Neosho, Mo.	
DATE REC'D BY LOCAL REG. 3/8/49		REGISTRAR'S SIGNATURE W.S. Handley M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE H.H. Lohmeyer		ADDRESS Springfield, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

APR 4 1949

APR 7 1949

MAR 19 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.

Student
Student Embalmer

Signed Walter E. Hamilton

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.