

FEB MAR 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. Ferrell 1583  
State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 221

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>Howell</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>Willow Springs,</u>	
c. LENGTH OF STAY (In this place) <u>1 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>X</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John Hosp. 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gladys</u> b. (Middle) <u>McClain</u> c. (Last) <u>Nelson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 5, 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 27, 1904</u>
9. AGE (In years last birthday) <u>45</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Willow Springs, Mo. 0</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>George H. McLain</u>		13b. MOTHER'S MAIDEN NAME <u>Eva Musgrave</u>	14. NAME OF HUSBAND OR WIFE <u>E.C. Nelson</u>
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>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E.C. Nelson Willow Springs, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adeno-Carcinoma Right Colon</u> ANTECEDENT CAUSES <u>With liver &amp; pulmonary metastases</u> DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Advanced Ulcerative Colitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Adeno-Carcinoma Colon &amp; Liver Metastases</u>	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)	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 <u>Feb 12, 1949</u> , to <u>March 5, 1949</u> , that I last saw the deceased alive on <u>March 5, 1949</u> , and that death occurred at <u>11 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>T. S. Ferrell M.D. 0</u>		23b. ADDRESS <u>Springfield Mo</u>	23c. DATE SIGNED <u>3-7-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/8/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>X</u>	24d. LOCATION (City, town, or county) (State) <u>Willow Springs, Mo.</u>
DATE REC'D BY LOCAL REG. <u>3/8/48</u>	REGISTRAR'S SIGNATURE <u>W. S. Hendry M.D. 0</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. H. Lohmeyer Springfield, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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



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.