

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12120

State File No.

FILED MAY 13 1949

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 368-A

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

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Greene</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Greene</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Rural-North Campbell</p>		c. LENGTH OF STAY (In this place) <p style="text-align: center;">45 years</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Rural-North Campbell</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">Route 4, Springfield,</p>				d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">Route 4, Springfield</p>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <p style="text-align: center;">James</p>	b. (Middle) <p style="text-align: center;">Bryson</p>	c. (Last) <p style="text-align: center;">Gillian</p>	(Month) <p style="text-align: center;">April</p>	(Day) <p style="text-align: center;">24</p>	(Year) <p style="text-align: center;">1949</p>

5. SEX <p style="text-align: center;">Male <u>0</u></p>	6. COLOR OR RACE <p style="text-align: center;">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Widowed <u>2</u></p>	8. DATE OF BIRTH <p style="text-align: center;">Sept. 20, 1869</p>	9. AGE (In years last birthday) <p style="text-align: center;">79</p>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
--	--	---	---	--	---------------------------	-------------------------	---------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Moulder</p>	10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Stove Company</p>	11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Unknown <u>9</u></p>	12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U.S.A.</p>
---	---	--	---

13a. FATHER'S NAME <p style="text-align: center;">Unknown</p>	13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Unknown</p>	14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">----</p>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">No</p>	16. SOCIAL SECURITY NO. <p style="text-align: center;">None</p>	17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">J E. Allen, Springfield, Missouri</p>	ADDRESS <p style="text-align: center;">J E. Allen, Springfield, Missouri</p>
---	--	---	---

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart attack</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart</u> DUE TO (c) <u>None</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <p style="text-align: center;">None</p>		<u>4343</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;">Sudden Heart attack</p>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <p style="text-align: center;">40</p>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <p style="text-align: center;">Springfield Greene Mo</p>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <p style="text-align: center;">4:30 pm</p>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <p style="text-align: center;">Sudden</p>

22. I hereby certify that I attended the deceased from April 27, 1949, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:30 pm, from the causes and on the date stated above.

23a. SIGNATURE <p style="text-align: center;">Dr W. K. Kern</p>	(Degree or title) <p style="text-align: center;">MD</p>	23b. ADDRESS <p style="text-align: center;">756 E. Grand</p>	23c. DATE SIGNED <p style="text-align: center;">5-7-49</p>
--	--	---	---

24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>	24b. DATE <p style="text-align: center;">April 28, 1949</p>	24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Hazelwood Cemetery</p>	24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Springfield, Mo.</p>
--	--	---	--

DATE REC'D BY LOCAL REG. <p style="text-align: center;">5-3-49</p>	REGISTRAR'S SIGNATURE <p style="text-align: center;">W. S. Standley</p>	25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Alma Lohmeyer</p>	ADDRESS <p style="text-align: center;">Funeral Home, Springfield, Mo.</p>
---	--	--	--

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. Kinde
Licensed Embalmer No. *2831*
P. O. Address *Springfield*

Signed _____
Student Embalmer

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.