

FILED JUN 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19197

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 526

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>Jasper</u> <u>47</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> <u>D</u>	c. LENGTH OF STAY (in this place) <u>7 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u> <u>3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>O'Reilly VA Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>P.O., Box 625</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Orville</u>	b. (Middle) <u>E.</u>	c. (Last) <u>MESSER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 13, 1949</u>		
--	-----------------------	-------------------------	---	--	--

5. SEX <u>Male</u> <u>(1)</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> <u>(1)</u>	8. DATE OF BIRTH <u>August 27, 1904</u>	9. AGE (in years last birthday) <u>44</u>	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) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>- - -</u>	11. BIRTHPLACE (State or foreign country) <u>Neck City, Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	---	--	---

13a. FATHER'S NAME <u>William Messer</u>	13b. MOTHER'S MAIDEN NAME <u>Callie Tuck</u>	14. NAME OF HUSBAND OR WIFE <u>- - -</u>	
--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World War II</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>O'Reilly VA Hospital Records</u> ADDRESS <u>O'Reilly VA Hospital Records</u>	
---	--	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis, pulmonary, far advanced.</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) _____		INTERVAL BETWEEN ONSET AND DEATH <u>002X</u>
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		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?	
--	--	----------------------------	--

22. I hereby certify that I attended the deceased from June 6, 1949, to June 13, 1949, that I last saw the deceased alive on June 13, 1949, and that death occurred at 12:45Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul L. Eisele</u> (Degree or title) <u>MD. Clinical Director</u>	23b. ADDRESS <u>O'Reilly VA Hospital, Springfield</u>	23c. DATE SIGNED <u>6/13/49</u>
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>June 16, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY. <u>Carterville Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Carterville Mo.</u>
--	--------------------------------	---	--

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>6-14-49</u> <u>W.S. Handley MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>HURBUT - GLOVER, JOPLIN</u> ADDRESS	
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

39
2
6

APR 18 1954

JUL 6 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 Dale Glover

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.