

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23075

FILED JUL 18 1949

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 625	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI b. COUNTY GREENE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (In this place) 1 DAY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		39	
d. FULL NAME OF HOSPITAL OR INSTITUTION BURGE HOSPITAL				d. STREET ADDRESS (If rural, give location) 519 E. WALNUT			
3. NAME OF DECEASED (Type or Print) a. (First) HOWARD		b. (Middle) FOSTER		c. (Last) EMERSON		4. DATE OF DEATH (Month) (Day) (Year) JULY 15 1949	
5. SEX MALE		16. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 13 AUG. 1868	
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ASST. STREET COMM.		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		9. AGE (In years last birthday) 80	
11. BIRTHPLACE (State or foreign country) FAIR GROVE, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		11. BIRTHPLACE (State or foreign country) FAIR GROVE, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME WASHINGTON EMERSON		13b. MOTHER'S MAIDEN NAME ELMINA FAST		14. NAME OF HUSBAND OR WIFE MAE EMERSON (DECEASED)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME WASHINGTON L. EMERSON		ADDRESS SPGFD. 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) Cardiac failure				INTERVAL BETWEEN ONSET AND DEATH 3 wks			
*This does not mean the mode of dying, such as heart failure, asthenia, 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) Cardio-vascular-renal disease			
				DUE TO (c) 3 years.			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. None.			
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)		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 1949, to July 15, 1949, that I last saw the deceased alive on July 15, 1949, and that death occurred at 1:30 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Don J. Silsby D. M.D.				23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 7-16-49	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL		24b. DATE JULY 17-1949		24c. NAME OF CEMETERY OR CREMATORY GREENLAWN		24d. LOCATION (City, town, or county) (State) SPRINGFIELD Mo.	
DATE REC'D BY LOCAL REG. 7-16-49		REGISTRAR'S SIGNATURE W. J. Handley		25. FUNERAL DIRECTOR'S SIGNATURE W. Klingner & Co.		ADDRESS SPGFD. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

59
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6

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.....

Mal Rhodes

Licensed Embalmer No. 4071

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.