

FILED AUG 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Hanss
State File No. 26614

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 2000 Registrar's No. 735

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) 7 years		d. STREET ADDRESS (If rural, give location) 1621 S. Delaware	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Burge Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Joyce	b. (Middle) M.	c. (Last) Douglass	4. DATE OF DEATH (Month) (Day) (Year) Aug 17 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 1, 1907	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Memphis, Tennessee	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME John Monthieth	13b. MOTHER'S MAIDEN NAME Mabel Belford	14. NAME OF HUSBAND OR WIFE -
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Miss Joyce Douglas ADDRESS Springfield, Mo.
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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 about 1 hour 6 years 331X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____		
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"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **Aug 17**, 1949, to **Aug 17**, 1949, that I last saw the deceased alive on **Aug 17**, 1949, and that death occurred at **12:05 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Horace A. Law, Jr. M.D. (Degree or title)	23b. ADDRESS Medical Art Bldg. 1111	23c. DATE SIGNED 8-18-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/20/49	24c. NAME OF CEMETERY OR CREMATORY Forrest Hill	24d. LOCATION (City, town, or county) (State) Memphis, Tennessee
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DATE REC'D BY LOCAL REG. 8-18-49	REGISTRAR'S SIGNATURE W.E. Landby	25. FUNERAL DIRECTOR'S SIGNATURE H. H. Lohmeyer ADDRESS Springfield, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

39
3

DEC 9 1949

OCT 1 1949

SEP 6 1949

DEC 19 1950

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 _____

Max Rhodes

Signed _____
Student Embalmer

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.