No. 300
10.48

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

Dr. White

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26617

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 804

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Burge Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Miss uri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
d. STREET ADDRESS (If rural, give location): 1306 N. Jefferson

3. NAME OF DECEASED (Type or Print)
a. (First): Georgia
b. (Middle):
c. (Last): Frank

4. DATE OF DEATH (Month) (Day) (Year): Sept. 6, 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 17, 1927
9. AGE (In years last birthday): 22 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telephone Operator
10b. KIND OF BUSINESS OR INDUSTRY: & Housewife
11. BIRTHPLACE (State or foreign country): Greenfield, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: J.A. Friend
13b. MOTHER'S MAIDEN NAME: Dovey Davis
14. NAME OF HUSBAND OR WIFE: William Frank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY: 487-32-6206
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: William Frank Springfield, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Delivery of Term Pregnancy — 3½ hours
DUE TO (c) — 684X

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* — 660X

19a. DATE OF OPERATION: 6 Sept 49
19b. MAJOR FINDINGS OF OPERATION: Term Delivery and Episiotomy
20. AUTOPSY? YES ☐ NO ☒

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): (1.64)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1949, *to* 6 Sept, 1949, *that I last saw the deceased alive on* 6 Sept, 1949, *and that death occurred at* 6 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: T. Medewhite
(Degree or title): M.D.
23b. ADDRESS: 609 Cherry Springfield
23c. DATE SIGNED: 7 Sept 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/8/49
24c. NAME OF CEMETERY OR CREMATORY: Eastlawn
24d. LOCATION (City, town, or county) (State): Springfield, Mo.

DATE REC'D BY LOCAL REG.: 9-8-49
REGISTRAR'S SIGNATURE: W. E. Handley M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: H.H. Lohmeyer Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

me, Student Embalmer No.

working under my personal supervision.

Signed William E. Freer

Signed
Student Embalmer

Licensed Embalmer No. 4733

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.