No. 300
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FILED AUG 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26644

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 731

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

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) 5 Wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Springfield Baptist

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield
d. STREET ADDRESS (If rural, give location) 2348 N. National

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) ROBERT c. (Last) McNUTT

4. DATE OF DEATH (Month) Aug. (Day) 17 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 3 Oct. 1867
9. AGE (In years last birthday) 81 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) Ret. Brakeman
10b. KIND OF BUSINESS OR INDUSTRY Brakeman
11. BIRTHPLACE (State or foreign country) Tennessee
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm. McNutt
13b. MOTHER'S MAIDEN NAME Martha Armstrong
14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT'S SIGNATURE OR NAME MRS. MILDRED HOLMAN ADDRESS Spgfd. 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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 8-16-49

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes — 10 yr
DUE TO (c) Loss of L Leg & Loss Wes R foot

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 260X

19a. DATE OF OPERATION July 26, 49
19b. MAJOR FINDINGS OF OPERATION — 2nd Operation R foot — Left foot some years ago
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.) none
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

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 9-1, 1948, to 8-17, 1949 that I last saw the deceased alive on 8-17, 1949, and that death occurred at 5:05 pm., from the causes and on the date stated above.

23a. SIGNATURE A. F. Freeman (Degree or title)
23b. ADDRESS Springfield Mo
23c. DATE SIGNED 8/18/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-21-49
24c. NAME OF CEMETERY OR CREMATORY Hazelwood
24d. LOCATION (City, town, or county) Springfield (State) Mo.

DATE REC'D BY LOCAL REG. 8-19-49
REGISTRAR'S SIGNATURE W. S. Handley M.D.
25. FUNERAL DIRECTOR'S SIGNATURE J. W. Klingner & Co. ADDRESS Spgfd. Mo.

(Licensed Embalmer's Statement on Reverse Side)

OCT 7 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 Max 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 w the above constitutes grounds for revocation of license.)

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