

FILED OCT 3 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 29885

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 648-A	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOWELL			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (in this place) 2 Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRANDSVILLE		46	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST JOHN'S HOSPITAL				d. STREET ADDRESS (If rural, give location) ✓			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLOTTE		b. (Middle) KATHERINE		c. (Last) CLAY		4. DATE OF DEATH (Month) (Day) (Year) 7 21 1949	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 12-7-1888	
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 6		IF UNDER 24 HRS. Days Hours Min.		11. BIRTHPLACE (State or foreign country) HOWELL COUNTY MO	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or 0 if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY ✓		12. CITIZEN OF WHAT COUNTRY U. S. A.			
13a. FATHER'S NAME HERMAN Wisch		13b. MOTHER'S MAIDEN NAME MATILDA Reich		14. NAME OF HUSBAND OR WIFE John CLAY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ✓		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME John CLAY		ADDRESS BRANDSVILLE 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Typhoid fever ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 70 days 040X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 5/23, 19 49, to 7/21, 19 49, that I last saw the deceased alive on 7/21/49, and that death occurred at 7:40 P.M., from the causes and on the date stated above.							
23a. SIGNATURE J. B. Johnson M.D.				23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 9/26/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-21-49		24c. NAME OF CEMETERY OR CREMATORY BRANDSVILLE		24d. LOCATION (City, town, or county) (State) BRANDSVILLE, MO.	
DATE REC'D BY LOCAL REG. 9-27-49		REGISTRAR'S SIGNATURE W. E. Handley III		25. FUNERAL DIRECTOR'S SIGNATURE Alma Schmeyer F. H. Springfield, Mo.		ADDRESS B. F. W.	

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

OCT 3 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 Lee Mason

Licensed Embalmer No. 4568

P. O. Address Springfield, 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.