

No. 300
10.48

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29926

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 842

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Florida b. COUNTY Santa Rosa	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield,	c. LENGTH OF STAY (in this place) 34 Days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milton	
d. FULL NAME OF HOSPITAL OR INSTITUTION: O'Reilly VA Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Charles	b. (Middle) A.	c. (Last) Searcy	4. DATE OF DEATH (Month) (Day) (Year) September 18 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 19 Feb. 1915	9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Taxi Driver	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Monteer, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Cleve Searcy	13b. MOTHER'S MAIDEN NAME Ruth Benson	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) Yes WW II	16. SOCIAL SECURITY NO. 490092022	17. INFORMANT'S SIGNATURE OR NAME Clinical Records	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis, pulmonary, bilateral, with cavitations, right		INTERVAL BETWEEN ONSET AND DEATH DO2X
	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 Cor. pulmonalae, secondary to pulmonary tuberculosis. Enteritis, tuberculous.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION ulcerative.	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	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 14 August, 1949, to 18 Sept., 1949, that I last saw the deceased alive on 18 Sept., 1949 and that death occurred at 11:58 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul L. Elsele M.D. Clinical Director	23b. ADDRESS Mo. O'Reilly VA Hospital Springfield	23c. DATE SIGNED 9-18-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept. 20, 1949	24c. NAME OF CEMETERY OR CREMATORY unknown	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 9-19-49	REGISTRAR'S SIGNATURE W. S. Handley III	25. GENERAL DIRECTOR'S SIGNATURE Norman Schepel Principal	ADDRESS Springfield, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Classified Embroider's Statement on Reverse Side)

FEB 16 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.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3802

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.