

FILED OCT 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33584**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 2000 Registrar's No. 895

1. PLACE OF DEATH a. COUNTY <u>GREENIE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>GREENIE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. LENGTH OF STAY (in this place) <u>20 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		2
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>816 - SHERMAN</u>			d. STREET ADDRESS (If rural, give location) <u>816 - SHERMAN</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>COSCAR</u> b. (Middle) <u>LAFAYETTE</u> c. (Last) <u>M'PHERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 - 9 - 49</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>12-25-1878</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months Days
IF UNDER 1 YEAR Hours Mins.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.R. PORTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (State or foreign country) <u>JAYETTEVILLE ARK</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>NELSON M'PHERSON</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>BEULAH M'PHERSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. BEULAH M'PHERSON</u> <u>JRG FLD</u>			
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.	<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES <u>Cerebral Apoplexy</u> 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. <u>331X</u>				
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)	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 <u>Sept 1</u> , 1949, to <u>Oct 9</u> , 1949, that I last saw the deceased alive on <u>Oct 7</u> , 1949, and that death occurred at <u>8:15 P.m.</u> , from the causes and, on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Lyman D. Brown M.D.</u>		23b. ADDRESS <u>311 1/2 Boonville</u>		23c. DATE SIGNED <u>Oct 10, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>10-10-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BENTONVILLE CEM</u>	24d. LOCATION (City, town, or county) (State) <u>BENTONVILLE ARK</u>		
DATE REC'D BY LOCAL REG. <u>10-10-49</u>	REGISTRAR'S SIGNATURE <u>W.E. Haudley III</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.V. Smith 602-N-Jefferson</u>		

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

Continuation on Reverse Side

OCT 26 1940

**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 Herbert V. Smith

Signed .....  
Student Embalmer

Licensed Embalmer No. 4286

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.