

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36972**  
Registrar's No. **1025-F**

BIRTH NO. _____		REG. DIST. NO. <b>128</b>		PRIMARY REG. DIST. NO. <b>5465</b>		Registrar's No. <b>1025-F</b>		
1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Green e</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Campbell Twsp.</b>		c. LENGTH OF STAY (In this place) <b>11 Yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Campbell Twsp.</b>		d. STREET ADDRESS (If rural, give location) <b>Springfield R.F.D. # 4</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Greene County Hospital</b>								
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) (no middle name) c. (Last) <b>McBride</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 23, 1949</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>		8. DATE OF BIRTH- <b>Dec. 7, 1862</b>		9. AGE (In years last birthday) <b>86</b> 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) <b>unknown</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>unknown</b>		11. BIRTHPLACE (State or foreign country) <b>unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS				
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) <b>Carboc Hemorrhage</b> 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  <b>331X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <b>2-10-1948</b> , to <b>11-23-1949</b> , that I last saw the deceased alive on <b>11-23-1949</b> , and that death occurred at <b>2:15 P m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>W Kelly MD</b>				23b. ADDRESS <b>Springfield Mo</b>		23c. DATE SIGNED <b>11-28-49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>25 Nov 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hazelwood</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>			
DATE REC'D BY LOCAL REG <b>11-30-49</b>		REGISTRAR'S SIGNATURE <b>W.E. Hareedy MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Fred C. Thomas Springfield, Mo.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 Ralph H. Thieme.....

Licensed Embalmer No. 3681.....

Signed.....  
Student Embalmer

P. O. Address Springfield, Missouri.....

**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.