

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40833

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1129-A

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Springfield</u>) c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>55 Miller Lincoln 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>948 St. Louis St.</u>		d. STREET ADDRESS (If rural, give location) <u>L</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Andrew</u> c. (Last) <u>Jackson Ohinger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-19-1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5-27-1868</u>
9. AGE (In years last birthday) <u>81</u>		10. MONTHS <u>6</u>	11. DAYS <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Greene Co. 0</u>
12. CITIZEN OF WHAT COUNTRY? <u>Native</u>		13a. FATHER'S NAME <u>John Ohinger</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Bragg</u>		14. NAME OF HUSBAND OR WIFE <u>Nannie Ohinger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Nannie Ohinger</u>		ADDRESS <u>Miller Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probably bacterial vascular</u> INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> ANTECEDENT CAUSES DUE TO (b) <u>accident -> cellulitis face other</u> DUE TO (c) <u>neck due to infected teeth gums</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>532X</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
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 <u>18 Dec, 1949</u> to <u>19 Dec, 1949</u> , that I last saw the deceased alive on <u>18 Dec, 1949</u> and that death occurred at <u>9:45 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Henry Knabb, Jr.</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>1630 N. Jefferson Spd Mo</u>	
23c. DATE SIGNED <u>22 Dec 49</u>		24a. BURIAL/CREMATION REMOVAL (Specify) <u>1504-105</u>	
24b. DATE <u>12-21-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Tennsboro</u>	
24d. LOCATION (City, town, or county) (State) <u>8 mi N. Miller Mo.</u>		DATE REC'D BY LOCAL REG. <u>12-27-49</u>	
REGISTRAR'S SIGNATURE <u>W. J. Landry MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris Feiman</u> ADDRESS <u>Miller Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

39
2

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 *S. R. Simon*

Signed.....
Student Embalmer

Licensed Embalmer No. 3297

P. O. Address Miller 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.