

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. Turner 806  
MEDPORTS  
State File No. ....

FILED FEB 14 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 101-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>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Spfld - Rural N. Campbell Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u>		b. (Middle) <u>Genetti</u>	c. (Last) <u>Genetti</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 2, 1950</u>	5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>
8. DATE OF BIRTH <u>May 10, 1887</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Marshfield, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Raddy</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Archabecker</u>		14. NAME OF HUSBAND OR WIFE <u>Louis Genetti</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louis Genetti Springfield, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease with congestive failure.</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Atelectasis of lungs, cause undetermined.</u>	DUE TO (c) <u>Subphrenic abscess, etc.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Interval Between Onset and Death <u>420d</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Cholelithiasis (Autopsy Findings AS ABOVE)</u>		
20. AUTOPSY? YES <input checked="" 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) (Min.)	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>1/18, 1950</u> , to <u>2/2, 1950</u> , that I last saw the deceased alive on <u>2/1, 1950</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Walter T. ... M.D.</u>		23b. ADDRESS <u>Springfield, Mo.</u>	23c. DATE SIGNED <u>2/18/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/6/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>
DATE REC'D BY LOCAL REG. <u>2-9-50</u>	REGISTRAR'S SIGNATURE <u>W. H. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.H. Lohmeyer Springfield, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0396  
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FEB 14 1950

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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

*Walter E. Hamilton*

Signed .....

Student Embalmer

Licensed Embalmer No. *3808*

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.