No. 300
10-48

390

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8375

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5462 Registrar's No. 220

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY OR TOWN SPRING FIELD FRANKLIN TOP ROUTE I SPGFLD. (Township) | LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) SPRINGFIELD RT. I

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY GREENE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SPRINGFIELD. 0390
d. STREET ADDRESS (If rural, give location) 2121 N. FRANKLIN

3. NAME OF DECEASED (Type or Print) a. (First) LOUISA ~~ELIZABETH~~ b. (Middle) MATILDA c. (Last) McBRIDE

4. DATE OF DEATH (Month) 3 (Day) 10 (Year) 50

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH SEPT. 16, 1867
9. AGE (In years last birthday) 83 | 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) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE
11. BIRTHPLACE (State or foreign country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE WID. OF L. H. McBRIDE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NO.
17. INFORMANT'S SIGNATURE OR NAME MRS. EPPIE DEAN McBRIDE ADDRESS SPFLD.

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) Cardio Renal - Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH NOT KNOWN

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. 442X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ——, 19 45, *to* 3-10, 19 50 *that I last saw the deceased alive on* 2-6, 19 50 *and that death occurred at* 2:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE Max Fitch (Degree or title) M.D.
23b. ADDRESS Springfield Mo
23c. DATE SIGNED 3-14-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-12-50
24c. NAME OF CEMETERY OR CREMATORY Clear Creek Cemetery
24d. LOCATION (City, town, or county) Springfield (State) Mo.

DATE REC'D BY LOCAL REG. 3-16-50
REGISTRAR'S SIGNATURE W E Handley M.D.
25. FUNERAL DIRECTOR'S SIGNATURE J. W. Klingner & Co **ADDRESS** Spgfld Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 J. Noel Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield

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.