

FILED MAY 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12620

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>442</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Greene</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Miller</u>		<u>D550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>514 W. Harrison</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Nancy</u>	b. (Middle) <u>Eliza</u>	c. (Last) <u>Ohinger</u>	(Month)	(Day)	(Year)		
(Type or Print)			<u>5</u>	<u>7</u>	<u>1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>11-3-1871</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 1 YEAR Days <u>4</u>	IF UNDER 1 HR. Hours <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></u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	
13a. FATHER'S NAME <u>Nathaniel Thorshay</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Walker</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Oliver Vaughan 514 W. Harrison Spfg. Mo.</u>			
18. DATE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>no</u>		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, bilateral, probably lobar</u>		ANTECEDENT CAUSES					<u>1 wk.</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Probable bronchiectasis (refused to go to hospital)</u>		DUE TO (c) <u>Gen'l malnutrition</u>		<u>at least 2 mo.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>at least 2 mo.</u>					
19a. DATE OF OPERATION <u>no operation</u>		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) (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>Mar 15</u> , 19 <u>50</u> , to <u>6 May</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6 May</u> , 19 <u>50</u> , and that death occurred about <u>4:30</u> am., from the causes and on the date stated above.							
23a. SIGNATURE <u>David S. Knable M.D.</u>				23b. ADDRESS <u>1630 N. Jefferson Ave. Springfield 2 Mo.</u>		23c. DATE SIGNED <u>19 May 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-8-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pennsboro</u>		24d. LOCATION (City, town, or county) (State) <u>Miller Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-10-50</u>		REGISTRAR'S SIGNATURE <u>W. E. Handley</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>J. R. Lemmon</u>		ADDRESS <u>Miller Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

03-96
1

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

L. R. Lemmon

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.