

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12623

State File No.

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 389

1. PLACE OF DEATH a. COUNTY <i>Green County Mo.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Christian County</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Springfield Mo.</i>		c. LENGTH OF STAY (in this place) <i>2 months</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Good Samaritan Home 6157 North Main</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Ozark Mo. Rural Christian County Township</i>	
d. STREET ADDRESS <i>Rural</i>		d. STREET ADDRESS (If rural, give location) <i>0770</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Laura</i> b. (Middle) <i>Emmon</i> c. (Last) <i>Sage</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>April 23-1950</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>July 17-1869</i>
9. AGE (In years last birthday) <i>80 yrs</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Home Keeper</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Home Keeper</i>	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>John King</i>	13b. MOTHER'S MAIDEN NAME <i>Martha Noel</i>	14. NAME OF HUSBAND OR WIFE <i>Deceased</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>No.</i>	16. SOCIAL SECURITY NO. <i>No.</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Hubert Sage</i> ADDRESS <i>Ozark Mo.</i>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>General Carcinomatosis</i> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Senility</i> DUE TO (c) <i>Carcinoma was primary of face (see eye) and spread to uterus causing hemorrhage</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <i>X</i> (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <i>ADDIT & U.S. STATE</i>	
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 <i>Several Months ago</i> 19 <i>49</i> , that I last saw the deceased alive on <i>Apr 15, 1950</i> , and that death occurred at <i>7:30 A.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Garratt Hoyle M.D.</i> (Degree & title)		23b. ADDRESS <i>1053 Poanoke</i>	23c. DATE SIGNED <i>4/24/50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>April 26</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Selmore Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Christian County Mo.</i>
DATE REC'D BY LOCAL REG. <i>4-27-50</i>	REGISTRAR'S SIGNATURE <i>W. Handley M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>F. B. Chaffin</i> ADDRESS <i>Ozark Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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

T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.