

FILED JUL 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Langston
State File No. 19927

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 579

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	c. LENGTH OF STAY (in this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield 0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John Hosp.		d. STREET ADDRESS (If rural, give location) 1640 E. Delmar	

3. NAME OF DECEASED (Type or Print) a. (First) Hortense b. (Middle) Heffernan c. (Last) McGregor			4. DATE OF DEATH June 24, 1950		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 15 1897	9. AGE (In years less birthday) 52	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Springfield, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frank Stephen Heffernan		13b. MOTHER'S MAIDEN NAME Alice Chambers		14. NAME OF HUSBAND OR WIFE X	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Arch McGregor				ADDRESS Springfield, Mo.	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	a. <i>Carcinoma of Lungs (metastatic)</i>					months
DUE TO (b)	b. <i>Carcinoma of breast (removed)</i>					6 1/2 yrs
DUE TO (c)	c. _____					_____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	_____					170X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 1-12, 1950, to 6-24, 1950, that I last saw the deceased alive on 6-23, 1950, and that death occurred at 10:25 am., from the causes and on the date stated above.

23a. SIGNATURE W. Roland Layton M.D.		23b. ADDRESS Springfield		23c. DATE SIGNED 6/26/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/27/50	24c. NAME OF CEMETERY OR CREMATORY Maple Park	24d. LOCATION (City, town, or county) (State) Springfield, Mo.	
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DATE REC'D BY LOCAL REG. 6-27-50	REGISTRAR'S SIGNATURE M.E. Handley		25. FUNERAL DIRECTOR'S SIGNATURE H.H. Lohmeyer		ADDRESS Springfield, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0396

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 Walter E. Hamilton

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.