

No. 300
10-48

FILED DEC 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36769

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 1070

1. PLACE OF DEATH a. COUNTY Breene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY OR TOWN Springfield Rural N Campbell Twsp		c. CITY OR TOWN Springfield Rural Campbell township	
c. LENGTH OF STAY (In this place) enroute		d. STREET ADDRESS (If rural, give location) Route 3, Box 566	
d. FULL NAME OF HOSPITAL OR INSTITUTION N scenic drive			

3. NAME OF DECEASED (Type or Print)	a. (First) Helen	b. (Middle) L	c. (Last) Houston	4. DATE OF DEATH (Month) (Day) (Year)
				December 2 1950

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH July 1, 1921	9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) waitress	10b. KIND OF BUSINESS OR INDUSTRY Cafe	11. BIRTHPLACE (State or foreign country) Selina, Kansas	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Ralph Bradley	13b. MOTHER'S MAIDEN NAME Letha McClellan	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. 486-26-5501	17. INFORMANT'S SIGNATURE OR NAME Ralph Bradley	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Inst. 88166 nie
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (In or about home, farm, factory, street, office building, etc.) Corner Comly Road	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield Breene Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-2-50-9:45 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile Accident - One Car.
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I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased _____ on **12-2-50**, 19____, and that death occurred at **9:45 P. m.**, from the causes and on the date stated above.

22a. SIGNATURE [Signature] (Degree or title) 3	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 12-2-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/5/50	24c. NAME OF CEMETERY OR CREMATORY Hazelwood	24d. LOCATION (City, town, or county) (State) Springfield, Mo.
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DATE REC'D BY LOCAL REG. 12-5-50	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE H. H. Lohmeyer	ADDRESS Springfield, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

390
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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.

Student
Student Embalmer

Signed..... *AL Mc Conn*.....

Licensed Embalmer No. *2727*.....

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.