

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Parks

State File No. 10364

FILED JAN 2 1950

BIRTH NO.

REG. DIST. NO. 128

PRIMARY REG. DIST. NO. 2000

Registrar's No. 2051

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)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John Hosp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield 0396	
		d. STREET ADDRESS (If rural, give location) 1345 S. Clay 0	
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) J.	
		c. (Last) Dando	
		4. DATE OF DEATH (Month) (Day) (Year) Dec. 26, 1950	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 19, 1896
			9. AGE (In years last birthday) 54
			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) Billiard Parlor Operator		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Arcadia, Kansas/
			12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles Dando		13b. MOTHER'S MAIDEN NAME Lizzell Davis	14. NAME OF HUSBAND OR WIFE Stella Mete Dando
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give year or dates of service) WW I	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Iobe J. Dando
			ADDRESS Springfield, Mo.
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* (a) Cerebral Hemorrhage	
		INTERVAL BETWEEN ONSET AND DEATH 5 HRS.	
		ANTECEDENT CAUSES	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
		DUE TO (b) Hypertensive Cardio-Vascular Disease	
		DUE TO (c)	
		II. OTHER SIGNIFICANT CONDITIONS	
		Conditions contributing to the death but not related to the disease or condition causing death.	
		2 YRS. 44 3/4	
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION NONE	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	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) NONE	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 10-11, 1949, to 12-26, 1950, that I last saw the deceased alive on 12/26, 1950, and that death occurred at 4:10 a. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) William J. Dand M.D.		23b. ADDRESS 609 Cherry, Springfield	23c. DATE SIGNED 12/27/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/27/50	24c. NAME OF CEMETERY OR CREMATORY Maple Park	24d. LOCATION (City, town, or county) (State) Springfield MO.
DATE REC'D BY LOCAL REG. 12-27-50	REGISTRAR'S SIGNATURE W.E. Handley WDO	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. Lohmeyer Springfield, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 22 1954

JAN 29 1954

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.....

.....
working under my personal supervision.

..... Student Embalmer No.

Signed.....

Levin T. Bradley

Signed.....
Student Embalmer

..... Licensed Embalmer No. *4815*

..... 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.