

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8110

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2002</u>		Registrar's No. <u>290</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield, Mo</u>			c. LENGTH OF STAY (in this place) <u>24</u> hours	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield, Rural: N.1. Campbell Twp</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St Johns Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Route #6</u> <u>0390</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u>		b. (Middle) <u>F.</u>		c. (Last) <u>Race</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 31, 1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>November 6, 1889</u>		9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Alfred Race</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Kath. Greenwade</u>		14. NAME OF HUSBAND OR WIFE <u>Lular Gillespie Race</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edward F. Race R#6 Springfield, Mo</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial insufficiency</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial infarction</u>					<u>1949</u>	
	DUE TO (c) <u>Artersclerotic heart disease</u>						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u>						
19a. DATE OF OPERATION		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) 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 <u>Jan 1949</u> , to <u>Mar 31, 1951</u> , that I last saw the deceased alive on <u>Mar 31, 1951</u> , and that death occurred at <u>10.00</u> <u>MA</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>D. M. Klingner</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>1630 N. Jefferson</u>		23c. DATE SIGNED <u>4-2-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-3-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wesley's cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Willard, Greene, Mo</u>		
DATE REC'D BY LOCAL REG. <u>4-2-51</u>		REGISTRAR'S SIGNATURE <u>W. E. Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Greenwade-Middle-Willard</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 16 1961

VS APR 1 1 1961

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.....

Bernard F. Wright

Licensed Embalmer No. *4293*

P. O. Address

Springfield

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.