

FILED MAY 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH11498  
State File No. 11498

BIRTH NO. _____		REG. DIST. NO. <u>15</u>		PRIMARY REG. DIST. NO. <u>5072</u>		Registrar's No. <u>24</u>		
1. PLACE OF DEATH a. COUNTY <u>BARTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BARTON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL- NEWPORT TWSP.</u>		c. LENGTH OF STAY (in this place) <u>16 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL- NEWPORT TWSP.</u> <u>0060</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lamar R#3</u>				d. STREET ADDRESS (If rural, give location) <u>LAMAR R#3</u> <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>LEE</u> c. (Last) <u>SPRINGFIELD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 22 1951</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN 28 1865</u>		9. AGE (In years last birthday) <u>86</u>	10. UNDER 1 YEAR Months <u>2</u> Days <u>24</u>	11. UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>		11. BIRTHPLACE (State or foreign country) <u>NEBO, KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		
13a. FATHER'S NAME <u>UNKNOWN</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>GENALLA, SITES</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> <u>XXX</u>		16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>BARTON COUNTY WELFARE RECORDS</u>					ADDRESS
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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>NATURAL CAUSES</u>				CORONARY OCCLUSION				SUDDEN
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>SUDDEN DEATH</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					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) (Min.)		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>XXX</u> , 19 <u>   </u> , to <u>XXX</u> , 19 <u>   </u> , that I last saw the deceased alive on <u>XXX</u> , 19 <u>   </u> , and that death occurred at <u>8:05a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. Harmon</u>			(Degree or title) <u>CORONER BARTON COUNTY.</u>		23b. ADDRESS <u>LAMAR, MISSOURI</u>		23c. DATE SIGNED <u>Apr 23 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 25 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Misemer Cemetery</u>		24d. LOCATION (City, town, or county) (State) (No.) <u>Lawrence County East of Miller</u>			
DATE REC'D BY LOCAL REG. <u>APR 23 1951</u>		REGISTRAR'S SIGNATURE <u>Marie Konantz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>KONANTZ FUNERAL HOME,</u> ADDRESS <u>LAMAR, MISSOURI</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED APR 30 1951

Dist. File 451-917

Date Filed 4-30-51

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 Frank W. Denton

Licensed Embalmer No. 4581

P. O. Address Lamar, 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.