

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 19 1951

State File No. **19931**

BIRTH NO. _____		REG. DIST. NO. <b>121</b>	PRIMARY REG. DIST. NO. <b>5459</b>	Registrar's No. <b>7</b>
1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield Bois D'Arc</b>		c. LENGTH OF STAY (in this place) <b>70yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bois D'Arc Mo. Center Township</b>		d. STREET ADDRESS (If rural, give location) <b>Center Township Bois D'Arc, Mo.</b>		
3. NAME OF DECEASED a. (First) <b>Mary</b>		b. (Middle) <b>Elizabeth</b>	c. (Last) <b>Cannefax</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>June 13, 1951</b>		5. SEX <b>female</b>		
6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>Sept. 15, 1870</b>
9. AGE (in years) (last birthday) <b>80</b>		# UNDER 1 YEAR <b>8</b>	# UNDER 1 YEAR <b>28</b>	# UNDER 1 YEAR <b>Min.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>home maker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>		11. BIRTHPLACE (State or foreign country) <b>Illinois</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>Thomas Green</b>		
13b. MOTHER'S MAIDEN NAME <b>Allie Jane ?</b>		14. NAME OF HUSBAND OR WIFE <b>Thomas B. Cannefax (DECEASED)</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Harry Cannefax</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>General Debility</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Old age</b>		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>794X</b>		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 <b>March, 1948</b> , to <b>June 13, 1951</b> , that I last saw the deceased alive on <b>June 13, 1951</b> , and that death occurred at <b>6:00 p. m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Home F. Math</b>		23b. ADDRESS <b>Bois D'Arc, Mo</b>		23c. DATE SIGNED <b>6/14/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-16-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Maple Park</b>
24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Alma Lohmeyer</b>		
DATE REC'D BY LOCAL REG. <b>6/14/51</b>		REGISTRAR'S SIGNATURE <b>Drew P. Wilson</b>		ADDRESS <b>Alma Lohmeyer Funeral Home Springfield, Mo.</b>

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

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RECEIVED

Greene County Health Office,

County File Number 51-6-37

Date Filed 6-18-51

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Jewell E. Wainelle Jr

Licensed Embalmer No. 4737

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.