

3. No. 300
v. 10.40

FILED JUL 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22687

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 628

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) ELLKLAND MO 1121	
c. LENGTH OF STAY (in this place) 7 DAYS		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Springfield Baptist Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) MONROE	b. (Middle)	c. (Last) CASE	4. DATE OF DEATH (Month) (Day) (Year) July 18 1951
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5. SEX U	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH MAR 8 1871	9. AGE (In years last birthday) 80	10. MONTHS 4	11. DAYS 10	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT HARDWARE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ELLKLAND MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WILLIAM CASE	13b. MOTHER'S MAIDEN NAME SARAH HANNAH NEVER MARRIED	14. NAME OF HUSBAND OR WIFE NEVER MARRIED
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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. NONE	17. INFORMANT'S SIGNATURE OR NAME IDA F. DAVISON	ADDRESS ELLKLAND 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tumor of Stomach, type undetermined		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) (probably Sarcoma)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular Disease		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 151X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 19 51, to 18 July, 19 51, that I last saw the deceased alive on 18 July, 19 51, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Stanley Peterson M.D. (Degree or title)	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 18 July 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 7-20-51	24c. NAME OF CEMETERY OR CREMATORY TIMBER RIDGE	24d. LOCATION (City, town, or county) (State) WEBSTER CO MO
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DATE REC'D BY LOCAL REG. 7-21-51	REGISTRAR'S SIGNATURE W.E. Handley	25. FUNERAL DIRECTOR'S SIGNATURE BARBER-BARTO	ADDRESS MARSHFIELD
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1396

SEP 13 1951

OCT 2 1951

603

705/510

200/10000

International Brotherhood of Morticians

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 Julian Goodwin
Licensed Embalmer No. 4562

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.