

FILED JUL 30 1951

STANDARD CERTIFICATE OF DEATH

Dr. Marcus 2752
State File No. 649

BIRTH NO. _____ REG. DIST. NO. 2128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 649

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

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) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Springfield	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 702 S. Robberson	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Cynthia b. (Middle) _____ c. (Last) Roach			4. DATE OF DEATH (Month) (Day) (Year) July 23, 1951		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 16 1868	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) Kigerville Ohio	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Saunders	13b. MOTHER'S MAIDEN NAME Sarah Shively	14. NAME OF HUSBAND OR WIFE X
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. Bertha Lair Spfld, Mo. ADDRESS _____
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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, asphyxia, 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) My pertenore Cardio - Vascular Disease		
	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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) 443X
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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 7/2, 1951, to 7/23, 1951, that I last saw the deceased alive on 7/23, 1951, and that death occurred at noon m., from the causes and on the date stated above.

23a. SIGNATURE Edward Marcus (Degree or title) M.D.	23b. ADDRESS 623 Woodruff Bldg	23c. DATE SIGNED 7/23/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/25/51	24c. NAME OF CEMETERY OR CREMATORY Hazelwood	24d. LOCATION (City, town, or county) (State) Springfield, Mo.
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DATE REC'D BY LOCAL REG. 7-24-51	REGISTRAR'S SIGNATURE W.E. Sandley	25. FUNERAL DIRECTOR'S SIGNATURE H.H. Lohmeyer ADDRESS Springfield, Mo.
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

Gene Lohmeyer

Signed.....

Student Embalmer

Licensed Embalmer No. *47340*

P. O. Address *Spelt, Md*

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.