

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26647**
Registrar's No. **740**

FILED SEP 4 1951
BIRTH NO.

REG. DIST. NO. **128**

PRIMARY REG. DIST. NO. **2000**

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

1. PLACE OF DEATH a. COUNTY MISSOURI GREENE 0375		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) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1639 E. KEARNEY 3		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD 0375	
d. STREET ADDRESS (If rural, give location) 1639 E. KEARNEY 0			
3. NAME OF DECEASED (Type or Print) a. (First) BESSIE b. (Middle) JANE c. (Last) TRACY			4. DATE OF DEATH (Month) (Day) (Year) AUGUST 28 1951
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 24, 1885
9. AGE (In years last birthday) 65		10. F UNDER 1 YEAR Months	10. F UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY IN HOME	11. BIRTHPLACE (State or foreign country) MISSOURI 0
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME FREMONT MILLER		13b. MOTHER'S MAIDEN NAME JANE (?)	14. NAME OF HUSBAND OR WIFE HENRY TRACY SR.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. PHILLIS REICHLER SPRINGFIELD
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 20 hrs. 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. Coronary Insufficiency 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) (Minute)	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 8-27 , 19 51 , to 8-28 , 19 51 , that I last saw the deceased alive on 8-28 , 19 51 , and that death occurred at 9:15 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) C. S. Feller M.D.		23b. ADDRESS 609 Cherry Springfield Mo.	23c. DATE SIGNED 8-30-51
24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) BURIAL	24b. DATE AUG. 30-51	24c. NAME OF CEMETERY OR CREMATORY CEDAR BLUFF	24d. LOCATION (City, town, or county) (State) EAST OF FAIR GROVE, MO.
DATE REC'D BY LOCAL REG. 8-31-51	REGISTRAR'S SIGNATURE W. E. Handley M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. W. Klingner & Co. Springfield Mo. B.	

JUN 17 1955

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 _____

Licensed Embalmer No. 4071

P. O. Address Spring Hill

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.