

FILED OCT 22 1951

STANDARD CERTIFICATE OF DEATH

Dr. Hall 33207
State File No. 886

0396
87100

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

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 886

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 <u>1396</u>	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 647 S. Weller <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Baptist Hosp.			
3. NAME OF DECEASED (Type or Print), a. (First) Cordia		b. (Middle)	
c. (Last) Farris		4. DATE OF DEATH (Month) (Day) (Year) Oct. 16, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 14 1873
9. AGE (In years: last birthday) 79	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	11. BIRTHPLACE (State or foreign country) Stockton, Mo. <u>U</u>	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Morrison		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE X		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. No		17. INFORMANT'S SIGNATURE OR NAME Mrs. Chas. Wheeler Spfld, Mo.	
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) Lymphatic Leukemia INTERVAL BETWEEN ONSET AND DEATH 2 yrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4682 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cervical gland disease Cystitis & Senility INTERVAL BETWEEN ONSET AND DEATH 1 yr	
19a. DATE OF OPERATION 10/15/51	19b. MAJOR FINDINGS OF OPERATION Excision + drainage R. Cervical gland abs.		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)	21f. HOW DID INJURY OCCUR?
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
22. I hereby certify that I attended the deceased from <u>9/9/51</u> , 19 <u>51</u> , to <u>10/16/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10/16/51</u> , 19 <u>51</u> , and that death occurred at <u>7:55 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE Sumwood B. Hall, M.D. (Degree or title)		23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 10/17/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/18/51	24c. NAME OF CEMETERY OR CREMATORY Greenlawn	24d. LOCATION (City, town, or county) (State) Springfield, Mo.
DATE REC'D BY LOCAL REG. 10-19-51	REGISTRAR'S SIGNATURE W.E. Handley	25. FUNERAL DIRECTOR'S SIGNATURE H.H. Lohmeyer	ADDRESS Springfield, Mo.

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 Walter E. Hamels

Licensed Embalmer No. 3808

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.