No. 300
10.48

FILED FEB 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4591

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 127

396
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1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield Rural, Campbell Township 0390
d. STREET ADDRESS (If rural, give location): Route 8, Springfield, (SOUTH)

3. NAME OF DECEASED (Type or Print)
a. (First): IDA
b. (Middle): RHEA
c. (Last): CLOUD

4. DATE OF DEATH (Month) (Day) (Year): February 10, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb 3, 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Flecher Rhea
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs H. C. LeDuc, Springfield, Missouri

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) Carcinoma sigmoid - wide spread — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) visceral metastasis
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: 6-3-48.
19b. MAJOR FINDINGS OF OPERATION: Ca sigmoid - resected. 153X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ~~[illegible]~~ *19* 40, *to* 2-10, *19* 52, *that I last saw the deceased alive on* 2-10, *19* 52, *and that death occurred at* 2:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title): M.D.
23b. ADDRESS: 805 Woodruff Bldg. Spfld Mo
23c. DATE SIGNED: 2-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 12, 1952
24c. NAME OF CEMETERY OR CREMATORY: Ponce De Leon Cemetery
24d. LOCATION (City, town, or county) (State): Ponce De Leon, Missouri

DATE REC'D BY LOCAL REG.: 2-15-52
REGISTRAR'S SIGNATURE: James R Camos, M.D. per EW
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Alma Lohmeyer, Springfield, Mo. EW

(Licensed Embalmer's Statement on Reverse Side)

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

Schweitzer
W.

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 James W. Weir

Signed _____
Student Embalmer

Licensed Embalmer No. 4650

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.