

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4642

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 121

396

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		1396
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>826 E. BROWER</u>			d. STREET ADDRESS (If rural, give location) <u>826 E. BROWER</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>		b. (Middle) <u>MAGLEEN</u>	c. (Last) <u>MCCRAKEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 9 1952</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Oct. 31-1869</u>	9. AGE (In years last birthday) <u>82</u>	10. UNDER 1 YEAR <u>3</u> Days <u>8</u> Hours <u>15</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Joseph Penn</u>		13b. MOTHER'S MAIDEN NAME <u>MARY MAGLEEN PENN</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lillian Jackson, 120 E. 56 Ch. 911</u>			
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>72 hr</u>	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> <u>Age 82</u>				
	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 <u>331X</u>				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) (Min.)	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: <u>2-9-1952</u> , to <u>2-9-1952</u> , that I last saw the deceased alive on <u>2-8-1952</u> , and that death occurred at <u>6 a. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Wm. H. Selsby M.D.</u>		23b. ADDRESS <u>Springfield Mo</u>		23c. DATE SIGNED <u>2/11/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Feb 13, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HAZELWOOD</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield Mo</u>		
DATE REC'D BY LOCAL REG. <u>2-12-52</u>	REGISTRAR'S SIGNATURE <u>James H. Amos M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.P. CAMPBELL, 825 Washington</u>		

