

STANDARD CERTIFICATE OF DEATH

State File No. 4648

202

FILED MAR 3 1952

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

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| 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 town) Springfield | | c. LENGTH OF STAY (in this place) 5 Days | c. CITY (If outside corporate limits, write RURAL and give township) Springfield | | 139 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital | | | d. STREET ADDRESS (If rural, give location) 2324 N. Travis | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Julia | | | b. (Middle) | c. (Last) Millhauser | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 29 1952 | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 2-19-1884 | 9. AGE (In years last birthday) 68 | 10. UNDER 1 YEAR Months | 11. UNDER 1 YEAR Days | 12. UNDER 1 YEAR Hours | 13. UNDER 1 YEAR Min. |
| 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) Webster CO, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13a. FATHER'S NAME Wm. Wilson | | 13b. MOTHER'S MAIDEN NAME Cany ada Hargis | | 14. NAME OF HUSBAND OR WIFE Deceased | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Mrs. George Snider Willard, 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) Cerebral Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 20 day year | | |
| 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) | | 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 2-18 , 19 52 , to 2-29 , 19 52 , that I last saw the deceased alive on 2-28 , 19 52 , and that death occurred at 12:30A. , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE John Williams, M.D. | | | 23b. ADDRESS Springfield Mo | | 23c. DATE SIGNED 2-29-52 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3-2-1952 | 24c. NAME OF CEMETERY OR CREMATOR Marsfield Cem. | | 24d. LOCATION (City, town, or county) (State) Marshfield Missouri | | | | |
| DATE REC'D BY LOCAL REG. 3-1-52 | REGISTRAR'S SIGNATURE James A. Amos, M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE W. Klingner & Co. ADDRESS Springfield, Mo. | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Williams - Sanders Bldg. 3960

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.....

William B. Cantrell

Licensed Embalmer No. *4820*

P. O. Address *Springfield*

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.