

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. P. Dickens

8035

State File No.

FILED MAR 22 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 289

396

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

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 OR TOWN SPRINGFIELD		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1231 S. FREMONT		c. CITY OR TOWN SPRINGFIELD d. STREET ADDRESS (If rural, give location) 1231 S. FREMONT	

0396

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3. NAME OF DECEASED (Type or Print)	a. (First) RUBY	b. (Middle) M.	c. (Last) MCDONALD	4. DATE OF DEATH (Month) (Day) (Year) MARCH 18 1952
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3	8. DATE OF BIRTH MAY 15, 1886	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days	IF UNDER 48 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) NEW WASHINGTON INDIANA	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME JAMES A. HEARN	13b. MOTHER'S MAIDEN NAME LINA ROBBERTSON	14. NAME OF HUSBAND OR WIFE X
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ROY MCDONALD	ADDRESS LITTLE ROCK, ARK.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural causes (Cerebral Hemorrhage)		INTERVAL BETWEEN ONSET AND DEATH sudden
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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331X

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) Springfield (COUNTY) Greene (STATE) Mo.
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at **5:00** a.m., from the causes and on the date stated above.

23a. SIGNATURE Dr. E. Allen Dickens, Coroner (Degree or title)	23b. ADDRESS 407 Medical Arts Bg.	23c. DATE SIGNED 3-19-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/20/52	24c. NAME OF CEMETERY OR CREMATORY MAPLE PARK	24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI
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DATE REC'D BY LOCAL REG. 3-21-52	REGISTRAR'S SIGNATURE James H. Amos, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE H.H. LOHMEYER	ADDRESS SPRINGFIELD, MO.
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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 _____

Walter E. Hamellen

Signed.....
Student Embalmer

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.