

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20097

State File No.

5. No. 300
Y. 10. 48

FILED JUN 30 1952

REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 634

0396

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 (If outside corporate limits, write RURAL, and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield, Rural, North Campbell	
d. FULL NAME OF HOSPITAL OR INSTITUTION 619 E. Cherry		d. STREET ADDRESS (If rural, give location) Route 10	

3. NAME OF DECEASED (Type or Print)	a. (First) SOPHIE	b. (Middle) BELLE	c. (Last) FEARL	4. DATE OF DEATH (Month) (Day) (Year) June 27, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH March 20, 1868	9. AGE (In years last birthday) 84	<input type="checkbox"/> UNDER 1 YEAR Months	<input type="checkbox"/> UNDER 1 YEAR Days	<input type="checkbox"/> UNDER 1 YEAR Hours	<input type="checkbox"/> UNDER 1 YEAR Min.
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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) Chicago Ill.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jerome Catlin	13b. MOTHER'S MAIDEN NAME Cornelia Colman	14. NAME OF HUSBAND OR WIFE Widow
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Robert C. Fearl	ADDRESS Rt. 10 Springfield
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Artery Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Unknown	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 332X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from April, 1952, to June 27, 1952, that I last saw the deceased alive on June 27, 1952, and that death occurred at 6:30 pm., from the causes and on the date stated above.

23a. SIGNATURE James T. Good	(Degree or title) M.D.	23b. ADDRESS 500 Holland Bldg. Springfield	23c. DATE SIGNED 6-28-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 28 1952	24c. NAME OF CEMETERY OR CREMATORY Graceland Cemetery	24d. LOCATION (City, town, or county) (State) Burlington Kansas
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DATE REC'D BY LOCAL REG. 6-28-52	REGISTRAR'S SIGNATURE Edith Williamson Registrar	25. FUNERAL DIRECTOR'S SIGNATURE J.W. Klingner & Co	ADDRESS Springfield, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

Max Rhodes

Signed.....
Student Embalmer

Licensed Embalmer No. *4071*

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.