

3. No. 300
V. 10.48

396

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20132

State File No. 554

FILED JUN 16 1952

BIRTH NO. _____		REG. DIST. NO. <u>128</u>	PRIMARY REG. DIST. NO. <u>2000</u>	Registrar's No. <u>554</u>
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> c. CITY OR TOWN <u>Springfield</u>		
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1200 E Walnut</u>		d. STREET ADDRESS (if rural, give location) <u>1653 South National</u>		
3. NAME OF DECEASED a. (First) <u>JAMES</u> (Type or Print) b. (Middle) <u>FRANKLIN</u> c. (Last) <u>LEGAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 5 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 25, 1888</u>	9. AGE (in years last birthday) <u>64</u>
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>President</u>		11. BIRTHPLACE (State or foreign country) <u>Long Lane, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>George W. Legan</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Davis</u>		14. NAME OF HUSBAND OR WIFE -----
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mary Pat Lattner, Los Angeles, Calif</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY EMBOLISM</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PHLEBOTHSOMOSIS OF PROSTATIC VENOUS PLEXUS</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CARCINOMA OF PROSTATE.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>FEW MIN.</u>
18a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>177X</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, 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 <u>10/6, 1942</u> , to <u>6/5, 1952</u> , that I last saw the deceased alive on <u>6/5, 1952</u> , and that death occurred at <u>3:00</u> a.m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Glenn D. Turner, M.D.</u>		(Degree or title)	23b. ADDRESS <u>Springfield, Mo.</u>	23c. DATE SIGNED <u>6/9/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>June 7, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-10-52</u>	REGISTRAR'S SIGNATURE <u>Edith Williams Registrar</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Sabmeyer, Springfield, Mo.</u>		ADDRESS <u>Springfield, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

Dr. Glenn
Prof

SEP 30 1958

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.....
Student Embalmer

Signed Carl J. Glenn

Licensed Embalmer No. 4707

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.