

FILED JUN 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. FELLER 20150
State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 615

396

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) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1220 N. CAMPBELL	
d. FULL NAME OF HOSPITAL OR INSTITUTION BAPTIST HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) MARY	b. (Middle) E.	c. (Last) OMANS	4. DATE OF DEATH (Month) (Day) (Year) JUNE 21, 1952
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED SEPARATED	8. DATE OF BIRTH APRIL 18 1874	9. AGE (In years last birthday) 78	if UNDER 1 YEAR Months	if UNDER 1 YEAR Days	if UNDER 1 YEAR Hours	if UNDER 1 YEAR Mins.
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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	11. BIRTHPLACE (City and State or Foreign Country) WEAVERLY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME WILLIAM DAVIS	13b. MOTHER'S MAIDEN NAME ELIZABETH (MCDONNELL)	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 dates of service) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME ERBEST OMANS	ADDRESS SPRINGFIELD, MO.
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 12-25-51 6-21-52 ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ulcerative Enterocolitis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senile Dementia 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? 5722 YES <input type="checkbox"/> NO <input 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) m.	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 12-25, 1951, to 6-21, 1952, that I last saw the deceased alive on 6-21, 1952, and that death occurred at 10 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. E. Feller M.D.	23b. ADDRESS 609 Cherry Springfield	23c. DATE SIGNED 6-23-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6/24/52	24c. NAME OF CEMETERY OR CREMATORY MAPLE PARK	24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.
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DATE REC'D BY LOCAL REG. 6-23-52	REGISTRAR'S SIGNATURE Ernest Williamson Registrar	25. FUNERAL DIRECTOR'S SIGNATURE H.H. LOHMEYER	ADDRESS SPRINGFIELD, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *James F. Headley*

Licensed Embalmer No. 4875

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.