

1150 JUL 7 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20159

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u> Registrar's No. <u>632-0</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 (If outside corporate limits, write RURAL and give township) <u>Springfield</u> d. STREET ADDRESS (If rural, give location) <u>1678 E Florida</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>			c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alley of 215 W Mill St.</u>			d. STREET ADDRESS (If rural, give location) <u>1678 E Florida</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>B.</u>		c. (Last) <u>Recla</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 26 52</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 30, 1916</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) <u>36</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hod Carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Iron Belt, Wis.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Freda Stoker Recla</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War II</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Freda Stoker Recla</u>		ADDRESS <u>Springfield</u>			
MEDICAL CERTIFICATION					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Natural causes (Heart).</u>		
			ANTECEDENT CAUSES <u>Alcoholism</u>		
			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 <u>3 2 2 2</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 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:01 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Type or Print) <u>Dr. E. Allen Prohens, Coroner</u>			23b. ADDRESS <u>407 Medical Arts Bg.</u>		23c. DATE SIGNED <u>6-28-1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/29/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutie</u>	
24d. LOCATION (City, town, or county) (State) <u>Lutie, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Lohmeyer</u>		ADDRESS <u>General Home, Springfield</u>	
DATE REC'D BY LOCAL REG. <u>7-1-52</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		COUNTY <u>Greene</u>	

(Licensee/ Embalmer's Statement on Reverse Side)

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

0396  
3

*P. Wilson*  
JUL 21 1952

MAR 4 1953

AUG 27 1952

JUL 14 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, Mo

Not embalmed

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.