No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Feller

State File No. 24147

FILED AUG 4 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 719

1396
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1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 906 N. Kansas

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: GREENE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD 1396
d. STREET ADDRESS (If rural, give location): 906 N. KANSAS

3. NAME OF DECEASED (Type or Print)
a. (First): BEULAH
b. (Middle): IRENE
c. (Last): BLACKWELL

4. DATE OF DEATH (Month) (Day) (Year): JULY 29, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Apr. 13, 1861
9. AGE (In years last birthday): 91 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: House
11. BIRTHPLACE (City and State or Foreign Country): Alexandria, Kentucky
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: LeROY BEHYMER
13b. MOTHER'S MAIDEN NAME: SARAH NELSON
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs Lois Wilson, 1600 W Nichols

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Decompensating Heart — INTERVAL BETWEEN ONSET AND DEATH: 2½ years

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. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4343
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-25-, 1950, *to* 7/29-, 1952, *that I last saw the deceased alive on* 7/29/, 1952, *and that death occurred at* 8:15p m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. E. Feller
(Degree or title): MD
23b. ADDRESS: 608 Cherry Springfield, Mo.
23c. DATE SIGNED: 7/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/1/52
24c. NAME OF CEMETERY OR CREMATORY: Greenlawn
24d. LOCATION (City, town, or county) (State): Springfield, Mo.

DATE REC'D BY LOCAL REG.: 8/1/52
REGISTRAR'S SIGNATURE: Edith Williamson — Deputy Registrar
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Herman H. Lohmeyer, Springfield

(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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Lucien T. Swadley

Licensed Embalmer No. 4815

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.