

FILED AUG 11 1952 STANDARD CERTIFICATE OF DEATH

State File No. **24203**

Registrar's No. **674A**

BIRTH NO. _____		REG. DIST. NO. <b>128</b>		PRIMARY REG. DIST. NO. <b>2000</b>		Registrar's No. <b>674A</b>	
1. PLACE OF DEATH a. COUNTY <b>GREENE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>WEBSTER</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD MO.</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SEYMOUR MO</b>		<b>1120</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SPRINGFIELD METHODIST HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>1</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>EARL RICHARD</b> b. (Middle) <b>SPLAIN</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>7-10-52</b>				
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>5-27-1885</b>		9. AGE (in years of last birthday) <b>67</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FARMING</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>RETIRED FARM</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>LOGAN CO. ILL</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>JOHN SPLAIN</b>		13b. MOTHER'S MAIDEN NAME <b>JANE FORMAN</b>		14. NAME OF HUSBAND OR WIFE <b>VICTORA</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Victoria Splain, Seymour, Missouri</b>			
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) <b>Coronary occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ruptured appendix with peritonitis</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>4-5 hours</b>  <b>about 10 days</b>
19a. DATE OF OPERATION <b>7-2-52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Ruptured appendix with peritonitis</b>					20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>5501</b>			
22. I hereby certify that I attended the deceased from <b>7-2-52</b> to <b>7/10</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>7/10</b> , 19 <b>52</b> , and that death occurred at <b>4 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <b>Forace Arch Lusk, Jr. M.D.</b>				23b. ADDRESS <b>Medical Arts Bldg.</b>		23c. DATE SIGNED <b>8/5/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>7-13-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>BRIKEY</b>		24d. LOCATION (City, town, or county) (State) <b>WEBSTER CO MO</b>		
DATE REC'D BY LOCAL REG. <b>8-6-52</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Ralph Burman</b> ADDRESS <b>Seymour MO</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 T. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland 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.