

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24219**

15 AUG 11 1952

BIRTH NO.		REG. DIST. NO. 128	PRIMARY REG. DIST. NO. 5465	Registrar's No. 743
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) OR TOWN RFD# 10, Rural, Campbell		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RFD# 10, Rural, North Campbell		
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield RFD#10		d. STREET ADDRESS (If rural, give location) Springfield RFD#10		
3. NAME OF DECEASED (Type or Print) a. (First) Eliza		b. (Middle) Jane		c. (Last) Divine
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY In home		8. DATE OF BIRTH 2 Nov. 1897
11. BIRTHPLACE (City and State or Foreign Country) Missouri		9. AGE (In years last birthday) 54 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.		
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Ples Brewer		
13b. MOTHER'S MAIDEN NAME Mitildia McCoullah		14. NAME OF HUSBAND OR WIFE Earnest Divine		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Earnest Divine Rt.#10 Springfield
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 4 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension + Arteriosclerosis 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? 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) 331X
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 8-2-1952 to 8-7-1952 , that I last saw the deceased alive on 8-6-1952 , and that death occurred at 12:45 a.m. , from the causes and on the date stated above.				
23a. SIGNATURE C. E. Feller		23b. ADDRESS 608 Cherry Springfield		23c. DATE SIGNED 8-7-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-9-52		24c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery
24d. LOCATION (City, town, or county) (State) Springfield Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J.W. Klingner & Co. Springfield, Mo.		
DATE REC'D BY LOCAL REG. 8-8-52		REGISTRAR'S SIGNATURE Edith Wilkerson Registrar		

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

Feller

(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. 468

working under my personal supervision.

Student Richard J. Pitts
Student Embalmer

Signed W. Rhodes

Licensed Embalmer No. 40711

P. O. Address Pring Hill

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.