

FILED SEP 22 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31302**

BIRTH NO. _____		REG. DIST. NO. <b>128</b>		PRIMARY REG. DIST. NO. <b>2000</b>		Registrar's No. <b>841</b>	
1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (In this place) <b>30 Mins.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>729 W. Tampa Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>OLIVE</b>		b. (Middle) <b>MILDRED</b>		c. (Last) <b>COKER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 13, 1952</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>26 Nov. 1901</b>	
9. AGE (In years last birthday) <b>50</b>		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) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Greene County, Pennsylvania</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>David L. Phillips</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Stockdale</b>			14. NAME OF HUSBAND OR WIFE <b>Earl Coker</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Earl Coker, 729 W. Tampa Street, Springfield, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Probably Cerebral Hemorrhage</b> (according to Coroner's report) 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.					INTERVAL BETWEEN ONSET AND DEATH <b>sudden</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>					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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____ to _____ and that death occurred at <b>2:35a</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Earl C. Williams</b> Deputy Registrar (Degree or title) of Vital Statistics				23b. ADDRESS <b>Greene County Court House, Springfield, Missouri</b>		23c. DATE SIGNED <b>9/17/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>18 Sept. 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>9/17/52</b>		REGISTRAR'S SIGNATURE <b>Earl C. Williams</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Frank C. Thome, Springfield, Missouri</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 *Ralph A. Kreim* \_\_\_\_\_

Licensed Embalmer No. *3681* \_\_\_\_\_

P. O. Address *Springfield, Missouri* \_\_\_\_\_

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.