

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. MARSHALL 34676
State File No. 942

FILED OCT 27 1952

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|--|--|---|-------------------|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>128</u> | | PRIMARY REG. DIST. NO. <u>2000</u> | | Registrar's No. <u>942</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> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u> | | c. LENGTH OF STAY (In this place) <u>LIFE</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD, RURAL, S. CAMPBELL</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHN HOSP.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>ROUTE # 9</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>W. CALVIN</u> | | | b. (Middle) _____ | | | c. (Last) <u>FIELDS</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 17, 1952</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>MAY 31, 1901</u> | | 9. AGE (In years last birthday) <u>51</u> | | 10. UNDER 1 YEAR Months _____ Days _____ | | 11. UNDER 18 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STOCKMAN</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>STOCKMAN</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>GREENE COUNTY, MISSOURI</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>MARSHALL FIELDS</u> | | 13b. MOTHER'S MAIDEN NAME <u>MAUDE SMITH</u> | | 14. NAME OF HUSBAND OR WIFE <u>RUBY FIELDS</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>UNKNOWN</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. RUBY FIELDS SPRINGFIELD, MO.</u> | | | |
| 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. | | 18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF LIVER</u> 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. <u>HYPERTENSIVE CARDIOVASCULAR DISEASE WITH CONGESTIVE FAILURE</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u> <u>UNKNOWN</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>1561</u> | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.) | | 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 <u>9/1/52</u> , 19 <u>52</u> , to <u>10/17/52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10/17/52</u> , 19 <u>52</u> , and that death occurred at <u>7:30 PM</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Edmo. T. ... M.D.</u> | | | | 23b. ADDRESS <u>Springfield, Mo.</u> | | 23c. DATE SIGNED <u>10/20/52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>10/19/52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>HAZELWOOD</u> | | 24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MO.</u> | |
| DATE REC'D BY LOCAL REG. <u>10-20-52</u> | | REGISTRAR'S SIGNATURE <u>Edith Williamson Registrar</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.H. LOHMEYER SPRINGFIELD, MO.</u> | | | |

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 _____

Simon T. Swalley

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.