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. PARK

State File No. 41990

FILED JAN 5 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO 2000 Registrar's No. 1149-C

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): 1924 NICHOLS ST.

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 0396
d. STREET ADDRESS (If rural, give location): 1924 NICHOLS ST. 0

3. NAME OF DECEASED (Type or Print): a. (First) MAGGIE b. (Middle) McCLERNON c. (Last) BOLL

4. DATE OF DEATH (Month) (Day) (Year): Dec. 22, 1952

5. SEX: FEMALE 1

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1

8. DATE OF BIRTH: AUG. 15, 1877

9. AGE (In years last birthday): 75 | 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:

11. BIRTHPLACE (City and State or Foreign Country): GRANULET, MISSOURI 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: HUGH McCLERNON

13b. MOTHER'S MAIDEN NAME: MARGARET McELHONE

14. NAME OF HUSBAND OR WIFE: WILLIAM P. BOLL

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.: ?

17. INFORMANT'S SIGNATURE OR NAME: WILLIAM P. BOLL ADDRESS: SPRINGFIELD, MO

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) Encephalomalacia due to — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral Thrombosis — 2 wks
DUE TO (c) Generalized Arteriosclerosis — 6 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none 332X

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

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* June 1948 *19*____, *to* Dec. 22, *19*52, *that I last saw the deceased alive on* Dec. 22, *19*52, *and that death occurred at* 8:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE: William P. Bart, M.D. (Degree or title)

23b. ADDRESS: 609 Cherry, Springfield, Mo.

23c. DATE SIGNED: 12/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/26/52

24c. NAME OF CEMETERY OR CREMATORY: St. Mary's

24d. LOCATION (City, town, or county) (State): Springfield, Mo.

DATE REC'D BY LOCAL REG.: 12-29-52

REGISTRAR'S SIGNATURE: Edith Wilkinson Deputy Registrar

25. FUNERAL DIRECTOR'S SIGNATURE: Herman Lohmeyer ADDRESS: Springfield, Mo

(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. Lindley

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.