No. 300
10.48

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

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 11800

BIRTH NO. FILED APR 26 1954 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 393

**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): D.O.A. Burge Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN: Springfield
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 1639 E. Kearney

0396
0

**3. NAME OF DECEASED** (Type or Print)
a. (First): HENRY
b. (Middle): THOMAS
c. (Last): TRACY Sr.

**4. DATE OF DEATH** (Month) (Day) (Year): April 17, 1954

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed 2
**8. DATE OF BIRTH**: 9 Jan. 1884
**9. AGE** (In years last birthday): 70 — 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): Railroad Employee
**10b. KIND OF BUSINESS OR INDUSTRY**: Retired
**11. BIRTHPLACE** (City and State or Foreign Country): Missouri 0
**12. CITIZEN OF WHAT COUNTRY?**: USA
**13a. FATHER'S NAME**: Issac Tracy
**13b. MOTHER'S MAIDEN NAME**: L. Wommack
**14. NAME OF HUSBAND OR WIFE**: Deceased
**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**: CasperTracy — ADDRESS: Springfield, Mo.

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary Occlusion — 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)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

UNATTENDED BY PHYSICIAN 4-20-1

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES [ ] 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) 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 ____, 19__, to ____, 19__, that I last saw the deceased alive on ____, 19__~~ *and that death occurred at* 7:40A *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: Edith Williamson — (Degree or Title): Registrar of Vital Statistics
**23b. ADDRESS**: Greene County Court House, Springfield, Missouri
**23c. DATE SIGNED**: 4/19/54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 4-19-54
**24c. NAME OF CEMETERY OR CREMATORY**: Cedar Bluff Cemetery
**24d. LOCATION** (City, town, or county) (State): ~~XXXXXXXXXX~~ Greene Co. Mo.

DATE REC'D BY LOCAL REG.: 4-17-54
REGISTRAR'S SIGNATURE: Edith Williamson

**25. FUNERAL DIRECTOR'S SIGNATURE** — ADDRESS: J.W.KLINGNER & CO. Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUN 17 1956

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ogle Slone Jr.

Licensed Embalmer No. H1?

P. O. Address Springfie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.