

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>695</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>Dade</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>3 days</u>		c. CITY OR TOWN <u>LOCKWOOD</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SPGFD. BAPTIST HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>RFD # 1</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>WESLEY</u>			b. (Middle) <u>MONROE</u>		c. (Last) <u>SOOTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 18 1954</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>27 March 1859</u>		9. AGE (In years last birthday) <u>95</u> IF UNDER 1 YEAR: Hours _____ Days _____ IF UNDER 1 MIN. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>DADE Co. MISSOURI</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HOSPITAL RECORDS</u>				ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH			
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Arterio sclerotic Heart Disease</u>						<u>3 yrs.</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>Embolism left femoral artery due to (a)</u>						<u>1 week.</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>1200</u>						20. AUTOPSY? YES <input 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) _____		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>Sept.</u> , 1951, to <u>July 18</u> , 1954, that I last saw the deceased alive on <u>July 18, 1954</u> , and that death occurred at <u>9:30 P. m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>James T. Good</u>				(Degree or title) <u>MD</u>		23b. ADDRESS <u>Springfield, Mo</u>		23c. DATE SIGNED <u>7-19-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-21-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LOCKWOOD CEMETERY</u>		24d. LOCATION (City, town, or county) <u>LOCKWOOD</u>		(State) <u>MO.</u>			
DATE REC'D BY LOCAL REG. <u>7-20-54</u>		REGISTRAR'S SIGNATURE <u>Earl Williamson</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Allison Funeral Home</u>					ADDRESS <u>Greenfield</u>	

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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 40

P. O. Address.....


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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.