

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

829

State File No. ....

FILED JAN 24 1955

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>61</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>D.O.A.</u>		c. CITY OR TOWN <u>Springfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St John's Hospital 3</u>				e. STREET ADDRESS (If rural, give location) <u>1011 West Walnut</u> <span style="float: right;">0396 0</span>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLAUDE</u>		b. (Middle) <u>A.</u>		c. (Last) <u>DE MORE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 19, 1955</u>	
5. SEX <u>Male 0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 17, 1902</u>	
9. AGE (in years last birthday) <u>52</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 18 Hrs. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Greene County, Missouri 0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Automobile</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William DeMore</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Rose</u>			14. NAME OF HUSBAND OR WIFE <u>Pearl DeMore</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>491-03-0222</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Pearl DeMore, Springfield, Mo.</u>			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)							
<b>MEDICAL CERTIFICATION</b>							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.							
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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) (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 _____, 19____, to _____, 19____, and that death occurred at <u>5:20A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Edith Williams</u> Local Registrar				23b. ADDRESS <u>Greene County Health Springfield, Missouri</u>		23c. DATE SIGNED <u>1-21-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 22, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Yeakley Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Springfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-21-55</u>		REGISTRAR'S SIGNATURE <u>Edith Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeyer</u>		ADDRESS <u>Springfield, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

UNATTENDED BY A PHYSICIAN

APR 24 1956

---

---

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..... *Bernard F. Wa*

Licensed Embalmer No..... *43*

P. O. Address..... *Spring*

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.