

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4541

State File No.

FILED FEB 28 1955

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| BIRTH NO. _____ | | REG. DIST. NO. <u>128</u> | | PRIMARY REG. DIST. NO. <u>200</u> | | Registrar's No. <u>173</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>Hickory</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>16 days</u> | | c. CITY OR TOWN <u>Cross Timbers</u> | | d. In 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>Burge Hospital</u> <u>0</u> | | | | e. STREET ADDRESS (If rural, give location) <u>Rural Route</u> <u>0430,</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> | | | b. (Middle) | | c. (Last) <u>SMITH</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>February 20 1955</u> | | |
| 5. SEX <u>Male</u> <u>0</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>February 3, 1908</u> | | 9. AGE (In years last birthday) <u>47</u> <input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 1 HR. <input type="checkbox"/> Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u> <u>0</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>Unknown</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Pauline Smith</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u> | | | 16. SOCIAL SECURITY NO. <u>Unknown</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Pauline Smith, Cross Timbers, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Portal Cirrhosis of Liver</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Chronic Alcoholism</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> <u>5 years</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>3221</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., sea.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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>Feb 4, 1955</u> to <u>Feb 20, 1955</u> , that I last saw the deceased alive on <u>Feb 20, 1955</u> and that death occurred at <u>3:55 P.M.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>Kenneth C. O'Connell MD</u> (Degree or title) | | | | 23b. ADDRESS <u>Springfield, Mo.</u> | | 23c. DATE SIGNED <u>2-20-55</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>Feb 20, 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u> | | 24d. LOCATION (City, town, or county) (State) <u>Wheatland, Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>2-23-55</u> | | REGISTRAR'S SIGNATURE <u>Edith Williamson</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Lohmeyer Funeral Home, Springfield Mo</u> | | ADDRESS <u>B.W.</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.....
Signature of Student Embalmer

Signed *Robert E. Muller*

Licensed Embalmer No. 49

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