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FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11635

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 378

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY OR TOWN Rural 1st Campbell		c. CITY OR TOWN Fair Grove	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield RFD#9		No. STREET ADDRESS No Street Address 0390	

3. NAME OF DECEASED a. (First) JESSE b. (Middle) E. c. (Last) TRACY			4. DATE OF DEATH April 25, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 1 May 1880		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Thomas Tracy		13b. MOTHER'S MAIDEN NAME Emily Womack		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Raymond Tracy ADDRESS Lebanon, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 1 year
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma Stomach		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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. 151X			

19a. DATE OF OPERATION 2-9-55		19b. MAJOR FINDINGS OF OPERATION Inoperable Adenocarcinoma Stomach			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 1-24, 1955, to 2-19, 1955, that I last saw the deceased alive on 2-19, 1955, and that death occurred at 10:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas S. Ashley M.D.		23b. ADDRESS Springfield, Missouri		23c. DATE SIGNED 4-26-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 27, 1955		24c. NAME OF CEMETERY OR CREMATORY Cedar Bluff Cemetery
				24d. LOCATION (City, town, or county) (State) Greene County, Missouri

DATE REC'D BY LOCAL REG. 4-26-55		REGISTRAR'S SIGNATURE T. Williams		FUNERAL DIRECTOR'S SIGNATURE J.W. Klingner & Co. ADDRESS Springfield, Mo.	
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AUG 9 1958

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.....
Max Flood

Licensed Embalmer No.....
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.