

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15174

FILED MAY 31 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 450

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (in this place) <b>3 weeks</b>	c. CITY OR TOWN <b>Springfield</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Handley Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
f. STREET ADDRESS <b>1700 N. Jefferson Avenue</b>		(If rural, give location) <b>0-396</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>WILLIAM</b>	b. (Middle) <b>EMNER</b>	c. (Last) <b>JOHN</b>	(Month) <b>May</b>	(Day) <b>22</b>	(Year) <b>1955</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>16 May 1865</b>	9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months   Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe craftsman</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Galesburg, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Jeremiah John</b>	13b. MOTHER'S MAIDEN NAME <b>Ellender Duddlen</b>	14. NAME OF HUSBAND OR WIFE <b>Martha Ella John</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Ella John, 1700 N. Jefferson Avenue, Springfield, Missouri.</b>

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <b>Fracture of left hip</b>		
	DUE TO (c) <b>Generalized arteriosclerosis</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Work shop</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <b>Springfield Greene</b> (STATE) <b>Missouri</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 22, 1955 ? m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Just fell</b>

22. I hereby certify that I attended the deceased from **4-29, 1955**, to **5-22, 1955**, that I last saw the deceased alive on **5-22, 1955**, and that death occurred at **9:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. J. H. Hall, MD</b>	23b. ADDRESS <b>Springfield, Missouri</b>	23c. DATE SIGNED <b>5-25-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>25 May 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maple Park Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>

DATE REC'D BY LOCAL REG. <b>5-25-55</b>	REGISTRAR'S SIGNATURE <b>Carl Williamson</b>	25 FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Fred C. Thomey, Springfield, Missouri</b>
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

---

**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 *Ralph Williams*.....

Licensed Embalmer No. 3681  
Springfield,  
P. O. Address Missouri.....

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.