

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18278

State File No. _____

FILED JUL 11 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 595

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ozark</u>	
b. CITY OR TOWN <u>Springfield</u>	c. LENGTH OF STAY (In this place) <u>6 Mos</u>	c. CITY OR TOWN <u>Isabella</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>2131 1/2 West Elm His Home</u>		e. STREET ADDRESS (If rural, give location) <u>Rural, Ozark County, Mo. 770</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIAS</u> b. (Middle) <u>Calvin</u> c. (Last) <u>Friend</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-5-55</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-4-1876</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 12 HRS. Min.
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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>OWN</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Theodisia, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Elige Friend</u>	13b. MOTHER'S MAIDEN NAME <u>Lula Mary Hend</u>	14. NAME OF HUSBAND OR WIFE <u>Lula Webster, Springfield</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Preston Friend, Springfield Mo</u>	ADDRESS <u>Springfield Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis (clinical) 4 20 11 H</u>			<u>1 hr</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) <u>Cancer skin of face + neck</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>2 yrs</u>		

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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 _____
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22. I hereby certify that I attended the deceased from 3/16, 1955, to 7/5, 1955, that I last saw the deceased alive on 7/5, 1955, and that death occurred at 11:30 AM from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. Lubbert MD</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Springfield Mo</u>	23c. DATE SIGNED <u>7/8/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-7-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Isabella</u>	24d. LOCATION (City, town, or county) (State) <u>Isabella, Ozark Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-9-55</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clinkingbeard</u> ADDRESS <u>Gainesville, Mo.</u>
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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 *John R. Erney*.....

Licensed Embalmer No. *4885*

P. O. Address *Sammick*

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.