

FILED JAN 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. PARK 1086

State File No.

No. 300

10. 48

BIRTH NO.		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>92</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 OR TOWN <u>SPRINGFIELD</u>		c. LENGTH OF STAY (in this place) <u>2 DAYS</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 HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>800 E. PORTLAND</u> <u>03960</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>P.</u> c. (Last) <u>STUDY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 25 1956</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN. 7 1879</u>		
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL SUPT.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>FOUNTAIN CITY, INDIANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>WILLIAM H. STUDY</u>			13b. MOTHER'S MAIDEN NAME <u>LOUISA CRANOR</u>		14. NAME OF HUSBAND OR WIFE <u>CLORA L. STUDY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>W.W. # 1</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. CLORA L. STUDY</u> <u>SPRINGFIELD, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastro-Intestinal Hemorrhage</u> <u>due to Duodenal Ulcer</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio-Vascular Disease</u> DUE TO (c) <u>Diabetes Mellitus</u>					INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u> <u>4 years</u> <u>20 years</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>54/0</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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) <u>none</u>		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>6-13, 1952</u> , to <u>1-25, 1956</u> that I last saw the deceased alive on <u>1-25, 1956</u> , and that death occurred at <u>12:15 Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W.D. Dant, M.D.</u>				23b. ADDRESS <u>609 Cherry, Springfield, Mo.</u>		23c. DATE SIGNED <u>1/25/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1/27/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>1-27-56</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.D. Dant</u>		ADDRESS <u>SPRINGFIELD, MO.</u>		

(Licensed Embalmer's Statement and Return)

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

VS AUG 18 1961

FEB 27 1958

JUL 21 1961

VS AUG 26 1961

APR 11 1961

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..... *Lucian T. Swadley*

Licensed Embalmer No. 4876

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.