

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7804

State File No.

FILED MAR 5 1956

BIRTH NO. _____ REG. DIST. NO. 252 PRIMARY REG. DIST. NO. 6187 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Cedar Creek)		c. CITY OR TOWN Springfield	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) RFD#3 Box 213	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION South of Bull Shoals			
3. NAME OF DECEASED (Type or Print) a. (First) JESS		b. (Middle) E.	c. (Last) McBRIDE
4. DATE OF DEATH February 25, 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 25 July 1888
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Machinist	11. BIRTHPLACE (City and State or Foreign Country) Cabool, Missouri
12. CITIZEN OF WHAT COUNTRY? usa			
13a. FATHER'S NAME Granville McBride		13b. MOTHER'S MAIDEN NAME Susan Jane Arthur	14. NAME OF HUSBAND OR WIFE Maude McBride
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 Maude McBride ADDRESS Springfield, Mo.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accident (Drowning) ANTECEDENT CAUSES DUE TO (b) House boat sunk during DUE TO (c) Wind storm II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 850x	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 42	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)	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 2-25 , 1956, to 2-25 , 1956, that I last saw the deceased about 2-25, 1956 , and that death occurred at 1:15A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Harry Forsyth Coroner		23b. ADDRESS Branson Mo	23c. DATE SIGNED 2-25-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-25-56	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	24d. LOCATION (City, town, or county) (State) Springfield Mo.
DATE REC'D BY LOCAL REG. 2/28/56	REGISTRAR'S SIGNATURE Nelson Campbell	514	25. FUNERAL DIRECTOR'S SIGNATURE J. Klingner & Co. ADDRESS Springfield, Mo.

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

Remo

MAR 6 1956

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 Shude*

Licensed Embalmer No. *40*

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.