

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7805

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>352</u>		PRIMARY REG. DIST. NO. <u>6187</u>		Registrar's No. <u>29</u>		
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 OR TOWN Cedar Creek		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Springfield		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 South of Bull Shoals				e. STREET ADDRESS (If rural, give location) 460 S. Grant <i>0390</i>				
3. NAME OF DECEASED (Type or Print) a. (First) WILEY b. (Middle) HENDERSON 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 20 Feb. 1887		
9. AGE (In years less birthday) 69		10. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Cabool, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Engineer		13a. FATHER'S NAME Granville McBride		13b. MOTHER'S MAIDEN NAME Susan Jane Arthur		14. NAME OF HUSBAND OR WIFE Nellie G. McBride		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Nellie G. 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, asphyxia, 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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 850x 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) m.		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>2-25</u> , 19 <u>56</u> , to <u>2-25</u> , 19 <u>56</u> , that I last saw the deceased <u>dying on 2-25, 1956</u> and that death occurred at <u>1:15A m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Larry Fayth Croner				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 Eastlawn Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Missouri		
DATE REC'D BY LOCAL REG. 2/28/56		REGISTRAR'S SIGNATURE Wesley Campbell		25. FUNERAL DIRECTOR'S SIGNATURE J. W. Lingner & Co.		ADDRESS Springfield, Mo.		

(Licensed Embalmer's Statement on Reverse Side) **EMC.**

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

Remove

MAR 9 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 *Max Rhodes*

Licensed Embalmer No. 401

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.