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Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 16 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 31518

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 882

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Handley — Length of stay in 1b 30 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Greene
c. CITY OR TOWN Springfield — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 519 E. Dale (If outside, give location) — Residence on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First TOMMIE Middle Last WESLEY

4. DATE OF DEATH Month 9 Day 8 Year 57

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH Oct-24-1899 9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Common
11. BIRTHPLACE (City and state or country) Little Rock Ark
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Lula Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1924-1927
16. SOCIAL SECURITY NO. —
17. INFORMANT Flora Wesley Address 519 E. Dale

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Mesenteric Thrombosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 5702

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept 7, 1957, to Sept 8, 1957 and last saw ~~her~~ him alive on Sept. 7, 1957
Death occurred at 9:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lyman D. Brown (Degree or title) M.D.
22b. ADDRESS 311½ College
22c. DATE SIGNED 9/10/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-12-57
23c. NAME OF CEMETERY OR CREMATORY National Cem
23d. LOCATION (City, town, or county) Springfield (State) Mo

24. FUNERAL DIRECTOR H. V. Smith ADDRESS 602 N. Jefferson
25. DATE RECD. BY LOCAL REG. 9-11-57
26. REGISTRAR'S SIGNATURE Earl Williamson

(Licensed Embalmer's Statement on Reverse Side)

NOV 2 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....Herbert V. Smith.....

Licensed Embalmer No. 42

P. O. Address Spring

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.