

FILED OCT 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35410
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2009 Registrar's No. 993

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>Greene</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Springfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>807 N Broadway</u>			Length of stay in 1b <u>50yrs</u>	d. STREET ADDRESS <u>807 N Broadway</u>			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>HARRY</u>			First	<u>MIKE</u>		Middle	Last
4. DATE OF DEATH			Month	Day	Year		
<u>10</u>			<u>15</u>	<u>57</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug' 4 1888</u>		9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months
							IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret'd Janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Barber Shop.</u>		11. BIRTHPLACE (City and state or country) <u>GREENE CO Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>SIMON COKER</u>				14. MOTHER'S MAIDEN NAME <u>KATIE MOORE</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W W I</u>		16. SOCIAL SECURITY NO. <u>491-03-5356</u>		17. INFORMANT Address <u>Clara Coker 807 N Broadway</u>			
18. CAUSE OF DEATH [Enter only one cause or for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Thrombosis cerebral</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Arteriosclerosis</u>				years	
		DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>1955</u> to <u>10-15-57</u> and last saw ^{him} alive on <u>10-15-57</u>		Death occurred at <u>9:45 a. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>J. Newton Wakenan MD</u> (Degree or title)				22b. ADDRESS <u>Springfield, Mo</u>		22c. DATE SIGNED <u>10-17-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10 19 57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National Cem'</u>		23d. LOCATION (City, town, or county) <u>Springfield</u>		(State) <u>Mo'</u>	
24. FUNERAL DIRECTOR ADDRESS <u>H.V. Smith 602 N. Jefferson</u>			25. DATE RECD. BY LOCAL REG. <u>10-18-57</u>		26. REGISTRAR'S SIGNATURE <u>Walter Williams</u>		

OCT 28 1957

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 *Herbert V. Smith*

Licensed Embalmer No. *428*

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.