Dr. Feller

REC'D JUN 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18285
Do not use this space.

1. PLACE OF DEATH
(a) County Greene — Registration District No. 318
(b) Township — Primary Registration District No. 2001 — Registered No. 424
(c) City Springfield, Mo. (d) Street No. 935 N. Douglas St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Madeline Ormsbee 652
(a) Residence, No. 935 N. Douglas St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Clyde H. Ormsbee
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 3 1901
7. AGE: ✓ Years 36 Months 9 Days 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisburg Missouri 0

FATHER
13. NAME: C.O. Gammon 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buffalo Missouri

MOTHER
15. MAIDEN NAME: Flora Elizabeth Tilford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hickory County Missouri

17. INFORMANT (ADDRESS): C.H. Ormsbee Springfield, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE may 24, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): H.H. Lohmeyer Springfield, Mo.
20. FILED May 24, 1938 Chas A George Jr. Local Registrar. 290

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 22, 1938
22. I HEREBY CERTIFY, That I attended deceased from 4-6, 1938, to 5-22-, 1938
I last saw her alive on 5-15-, 1938. Death is said to have occurred on the date stated above, at 3 30/4 m.
The principal cause of death and related causes of importance were as follows:

Acute Myocarditis with fibrillation caused from 115a

Date of onset

Other contributory causes of importance:
Chronic infection of tonsils

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) C. E. Feller, M. D.
(Address) Springfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.