JAN 14 1939

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

43059
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE
(b) Township
(c) City SPRINGFIELD
Registration District No. 318
Primary Registration District No. 2001
Registered No. 918
(d) Street No. 845 Concord 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 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
351

2. PRINT FULL NAME Oliver Marshell Stanfield
(a) Residence, No. 845 Concord 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora Stanfield
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12, 1861
7. AGE Years 77 Months 1 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Fruco
9. Industry or business in which work was done, as saw mill, bank, etc. Trucker
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana

FATHER
13. NAME William Stanfield
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER
15. MAIDEN NAME unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

17. INFORMANT Mrs Dora Stanfield
(ADDRESS) 845 Concord Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE Dec 4, 1938

19. FUNERAL DIRECTOR (NAME) Fred C. Thieme
(ADDRESS) Springfield, Mo

20. FILED Dec 4, 1938 Chas A. Geppert Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12,2,38, 19, to 12,2,38, 19
I last saw him alive on 12,2,38, 19 Death is said to have occurred on the date stated above, at 5:25 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset 1938 12,2

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) J. D. Munck, M. D.
(Address) Springfield, Missouri

(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, Ralph Thieme, or by _____,

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

Signed Ralph Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield Me

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