

No. 300
10-48

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

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 86

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, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>4 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>1309, N. Main</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1309 N. Main</u>			d. STREET ADDRESS (If rural, give location) <u>1309, N. Main</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>NANCY</u> b. (Middle) <u>Bertheria</u> c. (Last) <u>STROUD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 30 49</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Aug 16, 1872</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Fordland Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
13a. FATHER'S NAME <u>John Sene</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Castile</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Norman Stroud</u>		ADDRESS <u>1309 N. Main Springfield</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral liver & Azotemia</u> INTERVAL BETWEEN ONSET AND DEATH <u>7 mon</u> ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>50!</u>				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	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>0</u>			
22. I hereby certify that I attended the deceased from <u>Apr 19 48</u> to <u>Jan 30</u> , 19 <u>49</u> , that I last saw the deceased <u>alive on Jan 29</u> , 19 <u>49</u> , and that death occurred at <u>6:15 P m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>J. Newton Wakeman MD.</u> (Degree or title)		23b. ADDRESS <u>Springfield Mo.</u>		23c. DATE SIGNED <u>31 Jan 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 1 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stewart Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fordland, Rural Missouri</u>		
DATE REC'D BY LOCAL REG. <u>1-31-49</u>	REGISTRAR'S SIGNATURE <u>W.E. Handley MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kelley Ferrell Bergman</u>	ADDRESS <u>Fordland, Mo.</u>		

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.

Signed H. H. Kelley.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3334

P. O. Address Fordland mo

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, fact should be so stated above.