

FILED JAN 28 1949

STANDARD CERTIFICATE OF DEATH

State File No. 1013

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 5265		Registrar's No. 52	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural N Campbell Township		c. LENGTH OF STAY (In this place) 80 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, N Campbell Township			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Route 10, Box 148, Springfield Mo				d. STREET ADDRESS (If rural, give location) Route 10, Box 148, Springfield, Mo.			
3. NAME OF DECEASED (Type or Print) Tom		a. (First) b. (Middle) John		c. (Last) Dulin		4. DATE OF DEATH (Month) (Day) (Year) January 18 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec 6, 1868	
9. AGE (In years last birthday) 80		# UNDER 1 YEAR		# UNDER 1 YEAR		# UNDER 1 YEAR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John W Dulin			13b. MOTHER'S MAIDEN NAME Mary Elizabeth Mull			14. NAME OF HUSBAND OR WIFE ---	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Francis Dulin, Route 10, Springfield, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH 14 Mo.
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Breast Carcinoma</i>					
		ANTECEDENT CAUSES					
		Asboid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION X		19b. MAJOR FINDINGS OF OPERATION X				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 (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from 7-8, 1946, to Jan 18, 1949, that I last saw the deceased alive on 1-17, 1949 and that death occurred at 3:30 P. m., from the causes and on the date stated above.							
23a. SIGNATURE <i>W. E. Handley M.D.</i>				23b. ADDRESS <i>Springfield Mo</i>		23c. DATE SIGNED 1-22-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 21, 1949		24c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery		24d. LOCATION (City, town, or county) (State) Springfield Missouri	
DATE REC'D BY LOCAL REG. 1-22-49		REGISTRAR'S SIGNATURE <i>W. E. Handley M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE Alma Lohmeyer Funeral Home, Springfield, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

Jewell E. Winder Jr.

Student Embalmer No. *300*

working under my personal supervision.

Signed.....

Jewell E. Winder Jr.

Signed.....
Student Embalmer

Licensed Embalmer No. *2831*

P. O. Address.....

Springfield

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.