No. 300
10.48

FILED APR 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12070

State File No.

39 2 6 0

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2002 Registrar's No. 384

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. John's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene 29
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield 2
d. STREET ADDRESS (If rural, give location): 1317 N. Jefferson 0

3. NAME OF DECEASED (Type or Print)
a. (First): Hugh
b. (Middle):
c. (Last): Muirhead

4. DATE OF DEATH (Month) (Day) (Year): April 28 1949

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 19 1913

9. AGE (In years last birthday): 36 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Producer's Cream.

10b. KIND OF BUSINESS OR INDUSTRY: Producer's Cream.

11. BIRTHPLACE (State or foreign country): Springfield, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: W. H. Muirhead

13b. MOTHER'S MAIDEN NAME: Josie Carson

14. NAME OF HUSBAND OR WIFE: NELLIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ??

17. INFORMANT'S SIGNATURE OR NAME: Nellie Muirhead
ADDRESS: Springfield

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES

Morbid 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.

4/16X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-8, 1949, *to* 4-23, 1949, *that I last saw the deceased alive on* 4/23, 1949, *and that death occurred at* 6:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. P. Moadley M.D.

23b. ADDRESS: Springfield, Missouri

23c. DATE SIGNED: 4-28-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 1 1949

24c. NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery

24d. LOCATION (City, town, or county) (State): v Springfield Missouri

DATE REC'D BY LOCAL REG.: 4/29/49

REGISTRAR'S SIGNATURE: W. E. Handley MD

25. FUNERAL DIRECTOR'S SIGNATURE: J. W. Klingner & Co.
ADDRESS: Springfield

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 7 1950

VS APR 22 1960

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 Ogle Stone Jr.

Signed _____
Student Embalmer

Licensed Embalmer No. 4176

P. O. Address Springfield

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

If this body is not embalmed, fact should be so stated above.