

FILED JUL 25 1949

## STANDARD CERTIFICATE OF DEATH

State File No. 23154

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 649	
1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. LENGTH OF STAY (in this place) <b>2 Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		39	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Harrison Nursing Home</b>				d. STREET ADDRESS (If rural, give location) <b>722 E. Locust</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Lou</b> c. (Last) <b>Wingo</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 21 1949</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec. 25 1861</b>	
9. AGE (In years last birthday) <b>87</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>In Home</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Frank Newman</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Mott</b>		14. NAME OF HUSBAND OR WIFE <b>John B. Wingo</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John Deckert Springfield, Mo.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Thrombosis, Coronary</b> INTERVAL BETWEEN ONSET AND DEATH <b>8 hours</b>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> <b>Fracture left hip Opn 1949 and</b> DUE TO (c) <b>patient has been bed fast since</b>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Springfield Mo.</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b>33</b>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>now fell fractured hip</b>					
22. I hereby certify that I attended the deceased from <b>10 July, 1949</b> , to <b>21 July, 1949</b> , that I last saw the deceased alive on <b>19 July, 1949</b> , and that death occurred at <b>11:30 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J. Newton Workman M.D.</b>				23b. ADDRESS <b>Springfield Mo.</b>		23c. DATE SIGNED <b>22 July 49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 24-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7-22-49</b>		REGISTRAR'S SIGNATURE <b>W.S. Handley M.D.</b>		STATE HEALTH DIRECTOR'S SIGNATURE <b>J.H. Kingner + Co</b>		ADDRESS <b>Spfld. Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE PREVIOUS EDITIONS OF THIS FORM. USING BLACK INK—MAKE A PERMANENT RECORD.

**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 \_\_\_\_\_

*Max Rhodes*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *4071*

P. O. Address \_\_\_\_\_

*Springfield*

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

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