

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 28 1949

State File No. 29952
Registrar's No. 48

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

BIRTH NO. _____		REG. DIST. NO. 121		PRIMARY REG. DIST. NO. 5464		Registrar's No. 48	
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 R.1. Willard, Missouri		c. LENGTH OF STAY (in this place) 35 ye		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R.1. Willard, Missouri			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Mrs Florence Eugenia b. (Middle) Burney c. (Last) Burney			4. DATE OF DEATH (Month) (Day) (Year) Sept. 18, 1949				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 18, 1859		9. AGE (In years last birthday) 90	10. MONTHS 2	11. YEARS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Cave Springs, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James A. Thompson		13b. MOTHER'S MAIDEN NAME Luvonia Renshaw		14. NAME OF HUSBAND OR WIFE Widowed			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Bunch E. Staley, Willard, Mo			
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						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia						3 days
	ANTECEDENT CAUSES Progressive Senile Mental Derangement DUE TO (b)						4 months
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
	DUE TO (c) Cerebral arteriosclerosis						
	II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.						332x
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min)		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 July 1949 to Sept 18, 1949 , that I last saw the deceased alive on Sept 17, 1949 , and that death occurred at 6.00 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. Charles H. Davis				23b. ADDRESS Ash Grove, Mo		23c. DATE SIGNED Sept 20 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Sept. 20, 1949	24c. NAME OF CEMETERY OR CREMATORY Wesley Cemetery		24d. LOCATION (City, town, or county) (State) Near Willard, Missouri		
DATE REC'D BY LOCAL REG. 9/20/49		REGISTRAR'S SIGNATURE James H. Wilson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Greenwald Funeral Home, Willard, Mo			

RECEIVED

Greene County Health Office,

County File Number 49-58-9

Date Filed 9-26-49

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.

Lee Mason
Mr. Mason with Alma Lohmeyer-Jewell

Signed Windle Funeral Home,

Signed.....
Student Embalmer

Licensed Embalmer No. 4568

P. O. Address Springfield, Missouri

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.