

FILED OCT 31 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33610

State File No. \_\_\_\_\_  
Registrar's No. 733

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

39  
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to

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ohio</u> b. COUNTY <u>Liaming</u>	
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>Troy</u>	
c. LENGTH OF STAY (in this place) <u>523 days</u>		d. STREET ADDRESS (If rural, give location) <u>Route 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>O'Reilly VA Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Raymond</u>	b. (Middle) <u>J</u>	c. (Last) <u>Studebaker</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>October 23 1949</u>

5. SEX <u>Male</u>	16. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>December 4, 1924</u>	9. AGE (In years last birthday) <u>24</u>	10 UNDER 1 YEAR <u>10</u> Months	11 UNDER 12 HRS. <u>9</u> Days	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Dayton, Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Raymond J. Studebaker</u>	13b. MOTHER'S MAIDEN NAME <u>Molly Hamm</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW II</u>	16. SOCIAL SECURITY NO. <u>293 12 8602</u>	17. INFORMANT'S SIGNATURE OR NAME <u>O'Reilly VA Hospital Springfield, Mo</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis, pulmonary, chronic,</u>		ANTECEDENT CAUSES <u>far advanced, active</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.				<u>202X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from May 18, 1948, to October 23, 1949, that I last saw the deceased five or October 23, 19 49, and that death occurred at 8:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul L. Eisele MD</u>	23b. ADDRESS <u>VA Hospital, Springfield, Mo</u>	23c. DATE SIGNED <u>October 23 1949</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-24-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Troy</u>	24d. LOCATION (City, town, or county) (State) <u>Troy - Ohio</u>
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DATE REC'D BY LOCAL REG. <u>10-25-49</u>	REGISTRAR'S SIGNATURE <u>W.S. Handley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Erman Schaff</u>	ADDRESS <u>Springfield Mo</u>
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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*L. Pauline Gorman*

Signed.....

Student Embalmer

Licensed Embalmer No. 3177

P. O. Address *Springfield, 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.