

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4499

State File No. \_\_\_\_\_

396  
0

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Oklahoma</u> b. COUNTY <u>Woodward</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fort Supply</u>	
c. LENGTH OF STAY (In this place) <u>1 yr. 17 days</u>		8350	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>O'Reilly VA Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>BRYAN</u> c. (Last) <u>ELLERD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 17, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>May 13, 1896</u>
9. AGE (In years last birthday) <u>53</u>	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) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Ada, Oklahoma</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW One</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records, VAH., Springfield, Mo.</u> ADDRESS _____	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis, far advanced, bilateral</u> ANTECEDENT CAUSES _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH _____
II. OTHER SIGNIFICANT CONDITIONS <u>Empyema, right.</u> Conditions contributing to the death but not related to the disease or condition causing death.	19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____
19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE (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 <u>Vets. Adm.</u> attended the deceased from <u>Feb. 1, 1949</u> , to <u>Feb. 17, 1950</u> , which last was the date of death, and that death occurred at <u>5:45 PM m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Paul L. Eisele</u> (Degree or title) <u>Chief</u>		23b. ADDRESS <u>VAH., Springfield, Mo.</u>	23c. DATE SIGNED <u>Feb 17, '50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/21/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>
DATE REC'D BY LOCAL REG. <u>2-20-50</u>	REGISTRAR'S SIGNATURE <u>W. E. Handley</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>Norman S. Sharp</u> ADDRESS <u>Springfield, Mo.</u>	

OCT 20 1950

**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. Evelyn Gorman*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3177*

P. O. Address *Springfield*

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

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