

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26559

State File No. _____

396

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 754

1. PLACE OF DEATH a. COUNTY <u>Green County Mo.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Christian County</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield Mo.</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ozark Mo. 0220</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>Ozark Mo. City</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jewell</u> b. (Middle) <u>Edith</u> c. (Last) <u>Caughron</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 23-1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 25-1910</u>	9. AGE (In years last birthday) <u>40yr</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Office work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Office work</u>	11. BIRTHPLACE (State or foreign country) <u>Christian County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Worth J. Caughron</u>		13b. MOTHER'S MAIDEN NAME <u>Ebbie Tragan</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>	16. SOCIAL SECURITY NO. <u>no.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Worth Caughron, Ozark Mo</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>(1) Nephritis, chronic, with hypertension cardiac hypertrophy. Anemia.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Chronic Glomerulonephritis with uremia.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>592X.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>2 mo.?</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	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 <u>6-16</u> , 19 <u>50</u> , to <u>8-23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8-23</u> , 19 <u>50</u> , and that death occurred at <u>9:15 P.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>S.P. Thaddeus</u>		(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>609 Cherry - Springfield, Mo</u>		23c. DATE SIGNED <u>8-26-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 25-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Boaz Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Christian County Mo</u>		
DATE REC'D BY LOCAL REG. <u>8-28-50</u>	REGISTRAR'S SIGNATURE <u>W.C. Landley M.D.</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>T.B. Chaffin Ozark, Mo</u>		

SEP 19 1939

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.

Student
Student Embalmer

Signed T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.