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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4426

FILED MAR 12 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 200

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. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield,</b>	
c. LENGTH OF STAY (In this place) <b>4 days</b>		d. STREET ADDRESS (If rural, give location) <b>440 1/2 South Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Earnest</b>	b. (Middle) <b>E.</b>	c. (Last) <b>Cagle</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 7, 1951</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 14, 1929</b>
9. AGE (In years last birthday) <b>22</b>		IF UNDER 1 YEAR <b>1</b> MONTHS <b>23</b> DAYS	IF UNDER 4 HRS. <b>0</b> HOURS <b>0</b> MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unknown</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Ice Company</b>	11. BIRTHPLACE (State or foreign country) <b>Protem, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>Homer Cagle</b>	13b. MOTHER'S MAIDEN NAME <b>Johnnie Blakey</b>	14. NAME OF HUSBAND OR WIFE <b>Elloene Cagle</b>
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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) <b>Unknown</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Elloene Cagle</b>	ADDRESS <b>Springfield,</b>
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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		MO.	INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac arrest</b>			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Fracture, simple, L. femur.</b>			<b>4 days</b>
DUE TO (c) <b>Wounds, multiple, face.</b>			<b>4 days</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>3 March 1951</b>	19b. MAJOR FINDINGS OF OPERATION <b>Multiple wounds of face. Fracture simple, subtrochanteric left femur.</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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.) <b>street</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Springfield Greene Mo.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>March 3 1951 2a.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Driving truck which ran into face.</b>

22. I hereby certify that I attended the deceased from **March 3, 1951**, to **March 7, 1951**, that I last saw the deceased alive on **March 7, 1951**, and that death occurred at **1 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. Wendell Stewart M.D.</b>	23b. ADDRESS <b>203 Professional Bldg. Springfield Mo.</b>	23c. DATE SIGNED <b>6 March 51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-9-51</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>3-9-51</b>	REGISTRAR'S SIGNATURE <b>W.E. Handley</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Gorman-Scharpf</b>	ADDRESS <b>Funeral Home, Inc. Springfield, Missouri</b>
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WRITE PLAINLY—USING UNFADING 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.

Student .....  
Student Embalmer

Signed

*L. Edwin Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield Mass*

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.