

FILED MAR 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4518

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **191**

0396
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY TRIPPLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) LEBANON	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) UNKNOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) alfred b. (Middle) - c. (Last) Southern			4. DATE OF DEATH (Month) (Day) (Year) Feb 27 1951		
5. SEX Male		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Jan 7 1869		9. AGE (In years last birthday) 82		10. MONTHS 1 DAYS 18	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (State or foreign country) Lebanon Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John A Southern		13b. MOTHER'S MAIDEN NAME Beliga J Hough		14. NAME OF HUSBAND OR WIFE Bell Southern	
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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) Unknown		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Alvis Southern	
				ADDRESS 2156 W High Springfield	

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)		Adeno Carcinoma prostate		INTERNAL BETWEEN ONSET AND DEATH ?	
ANTECEDENT CAUSES		Of Liver with metastasis to Prostate			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)		1564	
II. OTHER SIGNIFICANT CONDITIONS		Sliding Hernia of big bowel			
Conditions contributing to the death but not related to the disease or condition causing death.		St Inguinal			

19a. DATE OF OPERATION 2-16-51		19b. MAJOR FINDINGS OF OPERATION Repair St inguinal hernia Biopsy findings Adeno Carcinoma of Prostate		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) (Minute)		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 **2-9-1951**, to **2-25-1951**, that I last saw the deceased alive on **2-25-1951**, and that death occurred at **8:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE C E Feller MD		(Degree or title)		23b. ADDRESS 609 Cherry Springfield	
23c. DATE SIGNED 2-26-51					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/27/51		24c. NAME OF CEMETERY OR CREMATORY New Hope	
24d. LOCATION (City, town, or county) (State) Laclede Co Mo		25. FUNERAL DIRECTOR'S SIGNATURE Halman Funeral Home Lebanon Mo			
DATE REC'D BY LOCAL REG. 3-2-51		REGISTRAR'S SIGNATURE W C Handley MD		ADDRESS Lebanon Mo	

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 W. E. Halman

Licensed Embalmer No. 4107

P. O. Address Lebanon 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.