

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8032

396

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 293

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) OR TOWN <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield 0396</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Springfield Baptist Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>514 West Walnut Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>TILDA</b>	b. (Middle) <b>CLINE</b>	c. (Last) <b>ALEXANDER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 1, 1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>February 19, 1898</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>13</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Stone County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Elisha Lee</b>	13b. MOTHER'S MAIDEN NAME <b>Lyticha Kerr</b>	14. NAME OF HUSBAND OR WIFE <b>---</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Stella Keeton</b>	ADDRESS <b>2733 W. Olive street</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial pneumonia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Arterio Sclerosis - Hypertension?</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fractured Hip, Lt.</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>447X F</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <b>Accident</b> (Specify) <b>Fracture Lt. Hip</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Springfield Greene Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>3-14-51</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fell in Home</b>

22. I hereby certify that I attended the deceased from **3-14** 19**51**, to **4-1-** 19**51**, that I last saw the deceased alive on **3-31-** 19**51**, and that death occurred at **11 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>C. E. Faller</b>	(Degree or title) <b>0 M.D.,</b>	23b. ADDRESS <b>Springfield, Missouri</b>	23c. DATE SIGNED <b>4/3/1951</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4/4/1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Short Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Hurley, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>4-3-51</b>	REGISTRAR'S SIGNATURE <b>W.E. Handley WDO</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ayre-Goodwin Fun'l Service, Spfgld, Mo</b>	ADDRESS <b>---</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.

Signed.....

*Julian Goodrum*

Student Embalmer .....

Licensed Embalmer No. 4562.....

P. O. Address Springfield, Missouri

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.