

FILED MAY 2 1951

STANDARD CERTIFICATE OF DEATH

State File No. 12315

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 357

0390

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits write RURAL and give township) OR Springfield TOWN Rural 2nd, N. Campbell		c. CITY (If outside corporate limits write RURAL and give township) OR Springfield TOWN Rural 2nd, N. Campbell	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Route 10, Springfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 10, Springfield			

3. NAME OF DECEASED a. (First) FLORA		b. (Middle)		c. (Last) CARTER		4. DATE OF DEATH (Month) (Day) (Year) April 20, 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH April 9, 1874	
9. AGE (In years last birthday) 77		10. KIND OF BUSINESS OR INDUSTRY In Home		11. BIRTHPLACE (State or foreign country) Greene Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		13a. FATHER'S NAME Pink Cook		13b. MOTHER'S MAIDEN NAME Lucy Jones		14. NAME OF HUSBAND OR WIFE Widow	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Allan Cook Rt. 10 Springfield			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		DUPLICATE OF (a) Coronary thrombosis				4 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				years	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) arterio sclerosis				years	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS				years.	
		Diabetes mellitus				4 days	
		Congestive Heart failure					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		4201					
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 Sept 2, 1947 to April 20, 1951 , that I last saw the deceased alive on April 20, 1951 , and that death occurred at 9:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Allan Cook (Degree or title) M.D.		23b. ADDRESS Springfield Mo		23c. DATE SIGNED 4-21-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 22, 51		24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Mo.	
DATE REC'D BY LOCAL REG. 4-21-51		REGISTRAR'S SIGNATURE J.W. Klingner		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W. Klingner & Co. Springfield Mo.			

RECEIVED
Greene County Health Office
County File Number 51-4-23
Date Filed 4/20/51

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 Max Rhodes
Licensed Embalmer No. 40711

P. O. Address Springfield

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.