

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22740**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **598**

396

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 Mo. b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (in this place) 6 wks.	
c. CITY (If outside corporate limits, write RURAL and give township) Manfield		d. STREET ADDRESS (If rural, give location) Manfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		e. DATE OF DEATH (Month) (Day) (Year) July 10, 1951	
3. NAME OF DECEASED (Type or Print) C Leo		f. DATE OF BIRTH NEWTON	
a. (First) _____ b. (Middle) _____ c. (Last) _____		g. DATE OF DEATH (Month) (Day) (Year) July 10, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH JAN 6, 1891
9. AGE (In years last birthday) 60	10. UNDER 1 YEAR Months 6	11. UNDER 1 HR. Hours 4	12. UNDER 1 HR. Min. 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Manfield Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Christopher C. Hendley		13b. MOTHER'S MAIDEN NAME Oliver Rippe	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. 497-22-4369		17. INFORMANT'S SIGNATURE OR NAME Mrs. Harold Price	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dumbbells Pulmonary Embolism		INTERVAL BETWEEN ONSET AND DEATH 7-10-51	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Diverticulitis Coli obstruction	
DUE TO (c) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		6-4-51	
19a. DATE OF OPERATION 6-5-51	19b. MAJOR FINDINGS OF OPERATION Acute Diverticulitis with infarction		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) 5721	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	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 6-4 , 1951, to 7-10 , 1951, that I last saw the deceased alive on 7-10 , 1951, and that death occurred at 10 1/2 m., from the causes and on the date stated above.			
23a. SIGNATURE George G. Johnson M.D.		23b. ADDRESS 609 Chestnut - Springfield Mo.	23c. DATE SIGNED 7-11-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-12-51	24c. NAME OF CEMETERY OR CREMATORY Manfield Cemetery	24d. LOCATION (City, town, or county) (State) Manfield, Mo.
DATE REC'D BY LOCAL REG. 7-12-51	REGISTRAR'S SIGNATURE W E Hendley	25. FUNERAL DIRECTOR'S SIGNATURE Kelly - Ferrell - Baugman	
		ADDRESS Manfield Mo.	

APR 1 1950

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.....

DAN FERRELL

working under my personal supervision.

Student Embalmer No... 397.....

Signed Don L. Furell
Student Embalmer

Signed H. K. Kelley

Licensed Embalmer No... 3334

P. O. Address Fordham

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.