

FILED FEB 4 1952

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 950

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 85		
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 TOWN Springfield			c. LENGTH OF STAY (In this place) Lifetime.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield 1396			
d. FULL NAME OF HOSPITAL OR INSTITUTION 632 East Elm				d. STREET ADDRESS (If rural, give location) 632 East Elm 0				
3. NAME OF DECEASED (Type or Print) LOUELLA		a. (First)		b. (Middle) MC CRACKEN		c. (Last) STEVENS		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 5, 1874		
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Springfield, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME J T McCracken			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE ---		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		(If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs J D Powell, Springfield, Missouri		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH ? ?	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure						
		ANTECEDENT CAUSES						
		DUE TO (b) Chronic myo-carditis & senility Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
		DUE TO (c)						
		II. OTHER SIGNIFICANT CONDITIONS						
		Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) X		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		422-2		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 1-9, 1952, to 1-29, 1952, that I last saw the deceased alive on 1-25, 1952 and that death occurred at 12:30P m., from the causes and on the date stated above.								
23a. SIGNATURE C. E. Feller MD (Degree or title)				23b. ADDRESS : 609 Cherry, Springfield, Mo.		23c. DATE SIGNED 1-28-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-30-52		24c. NAME OF CEMETERY OR CREMATORY GALENA		24d. LOCATION (City, town, or county) (State) GALENA, MISSOURI		
DATE REC'D BY LOCAL REG. 1-29-52		REGISTRAR'S SIGNATURE James H. Ames M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alma Schmeier, Springfield, Mo. (RW)				

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300  
V. 10.481396  
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Dr. F. C. [unclear]

6522

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Bernard F. Wright

Signed.....  
Student Embalmer

Licensed Embalmer No. 4293

P. O. Address Springfield, 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.