

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Marshall 12599
State File No.

FILED APR 21 1952

0396
0

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

| | | | | | | | |
|---|-------------------------------|--|--|--|---|--|----------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>128</u> | | PRIMARY REG. DIST. NO. <u>2000</u> | | Registrar's No. <u>356</u> | |
| 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 OR TOWN SPRINGFIELD | | c. LENGTH OF STAY (in this place) LIFE | | c. CITY OR TOWN SPRINGFIELD | | 1396 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION BURGE HOSP. | | | | d. STREET ADDRESS (If rural, give location) 816 N. MAIN | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ROSE b. (Middle) MARIE c. (Last) DAVIDSON | | | 4. DATE OF DEATH (Month) (Day) (Year) APRIL 9, 1952 | | | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED | 8. DATE OF BIRTH MARCH 22, 1884 | | 9. AGE (In years last birthday) 68 | IF UNDER 1 YEAR Months | IF UNDER 6 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) SPRINGFIELD, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME JOHN NIBLER | | | 13b. MOTHER'S MAIDEN NAME EMMA MUTZ | | 14. NAME OF HUSBAND OR WIFE X | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. NO | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS CHARLES NIBLER SPRINGFIELD, MO. | | | |
| 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) Cerebral hemorrhage ANTECEDENT CAUSES Hypertensive C/V Disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 48 hours years | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 443X | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 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 <u>5/30</u> , 19 <u>51</u> , to <u>April 9</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>April 8</u> , 19 <u>52</u> , and that death occurred at <u>3:45</u> p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Homer C. Marshall, M.D. (Degree or title) | | | | 23b. ADDRESS Professional Bldg. | | 23c. DATE SIGNED 4-11-52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 4/14/52 | 24c. NAME OF CEMETERY OR CREMATORY MAPLE PARK | | 24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO. | | |
| DATE REC'D BY LOCAL REG. 4-14-52 | | REGISTRAR'S SIGNATURE James R. Howe, M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. H. LOHMEYER SPRINGFIELD, 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Timothy T. Swadley

Signed.....
Student Embalmer

Licensed Embalmer No. 4815

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.