

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

Dr/ Turner 20076
 State File No.

FILED JUN 23 1952

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **590**

0396

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 OREGON 0750	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (in this place) 1	
c. CITY (If outside corporate limits, write RURAL and give township) THAYER		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN HOSP.			
3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE b. (Middle) W. c. (Last) BLACK			4. DATE OF DEATH (Month) (Day) (Year) JUNE 15, 1952
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 13 1874
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	11. BIRTHPLACE (City and State or Foreign Country) EUFULA, ALABAMA
10b. KIND OF BUSINESS OR INDUSTRY INSURANCE		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME ED BLACK		13b. MOTHER'S MAIDEN NAME NETTIE (UNKNOW)	
14. NAME OF HUSBAND OR WIFE GRACE BLACK			
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 MRS. GRACE BLACK		ADDRESS THAYER, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		MEDICAL CERTIFICATION ① acute myocardial infarct due to coronary thrombosis ② congestive heart failure ③ unknown INTERVAL BETWEEN ONSET AND DEATH 2 wks.	
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 4201	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)			
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 6/9/52 , 19___, to 6/15/52 , 19___, that I last saw the deceased alive on 6/15/52 , 19___, and that death occurred at 7 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Edith Williams, M.D.		23b. ADDRESS Springfield, Mo.	
23c. DATE SIGNED 6/15/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE June 16, 1952	
24c. NAME OF CEMETERY OR CREMATORY THAYER CEMETERY		24d. LOCATION (City, town, or county) (State) THAYER, MO.	
DATE REC'D BY LOCAL REG. 6-18-52		REGISTRAR'S SIGNATURE Edith Williams, Registrar	
25. FUNERAL DIRECTOR'S SIGNATURE H.H. LOHMEYER		ADDRESS SPRINGFIELD, MO.	

JUN 27 1932

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 Lucien L. Swadley

Licensed Embalmer No. 4875

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.