

No. 302
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR BOB 1134
State File No.

FILED JAN 19 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 34

396
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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) SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD	
c. LENGTH OF STAY (In this place) 17 MONS		d. STREET ADDRESS (If rural, give location) 312 EAST SUNSHINE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 312 EAST SUNSHINE			
3. NAME OF DECEASED a. (First) JENNIE b. (Middle) E. c. (Last) WILSON			4. DATE OF DEATH JAN. 11, 1953
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MARCH 4, 1888
9. AGE (In years last birthday) 64		10. KIND OF BUSINESS OR INDUSTRY HOME	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME		11. BIRTHPLACE (City and State or Foreign Country) SPRINGFIELD, MISSOURI	
13a. FATHER'S NAME BENJAMIN H. HOSEY		13b. MOTHER'S MAIDEN NAME ANNIE HENNESS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME MRS GEORGE BAREFORD		ADDRESS SPRINGFIELD, MO	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Sigmoid Colon ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 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. 153X			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma Sigmoid Colon	
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)	
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 Jan , 1950, to Jan 11 , 1953, that I last saw the deceased alive on Jan 11 , 1953 and that death occurred at 4:30P m., from the causes and on the date stated above.			
23a. SIGNATURE J. D. Duncan M.D. (Degree or title)		23b. ADDRESS Springfield, Mo	
23c. DATE SIGNED 1-13-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1/13/53	24c. NAME OF CEMETERY OR CREMATORY BROOKLINE CEMETERY	
24d. LOCATION (City, town, or county) (State) BROOKLINE, MISSOURI			
DATE REC'D BY LOCAL REG. 1-14-53	REGISTRAR'S SIGNATURE Edith Williamson Registrar	25. FUNERAL DIRECTOR'S SIGNATURE HERMAN LOHMEYER ADDRESS SPRINGFIELD, MO	

(Licensed Embalmer's Statement on Reverse Side)

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: *William J. Swadley*

Licensed Embalmer No. *4876*

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.