

FILED MAR 9 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5454
Registrar's No. 229

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 640 E. Commerical	
d. FULL NAME OF HOSPITAL OR INSTITUTION 640 E. Commerical			

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) GERTRUDE	c. (Last) DOLAN	4. DATE OF DEATH (Month) (Day) (Year) March 2, 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH (About) 1885	9. AGE (In years last birthday) (About) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY In Home		11. BIRTHPLACE (State or foreign country) Newfoundland
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Edward Dolan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Edward Dolan	ADDRESS Springfield Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probably Cardio-Renal-Vascular Disease		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prolonged Alcoholism		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b) _____		
		DUE TO (c) _____		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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 obtained the deceased from _____, that I have seen the deceased _____ that death occurred at **10:00 Am.**, from the causes and on the date stated above.

23a. SIGNATURE Edith Williamson Deputy Registrar (Degree or title) Vital Statistics	23b. ADDRESS Greene County Court House Springfield, Missouri	23c. DATE SIGNED 3/6/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-7-53	24c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery	24d. LOCATION (City, town, or county) (State) Springfield Missouri
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DATE REC'D BY LOCAL REG. 3/6/53	REGISTRAR'S SIGNATURE Edith Williamson Deputy Registrar	25. FUNERAL DIRECTOR'S SIGNATURE J.W. Klingner & Co	ADDRESS Springfield Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

UNATTENDED BY PHYSICIAN 442X

APR 8 1953

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

Max Rhodes

Licensed Embalmer No. _____

P. O. Address _____

4071

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.