

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. H. Marshall
State File No. 21343

FILED JUN 22 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 560

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) 23 yr	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		
d. FULL NAME OF HOSPITAL OR INSTITUTION MERCY INFIRMARY			d. STREET ADDRESS (If rural, give location) 1100 CHERRY ST. 0378		
3. NAME OF DECEASED (Type or Print) a. (First) FAY		b. (Middle) L.	c. (Last) WAYLAND		4. DATE OF DEATH (Month) (Day) (Year) JUNE 13, 1953
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 3, 1882	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Sedalia, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HENRY RUSSELL		13b. MOTHER'S MAIDEN NAME ALTA HAYES		14. NAME OF HUSBAND OR WIFE ROBERT B. WAYLAND	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) NO	17. INFORMANT'S SIGNATURE OR NAME Unknown	ADDRESS ROBERT B. WAYLAND, 1100 CHERRY ST.		
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable brain tumor secondary				INTERVAL BETWEEN ONSET AND 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) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis				
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)	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)	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 9-30 1952, to 6-1 1953, that I last saw the deceased alive on 6-1 1953, and that death occurred at 4:42a m., from the causes and on the date stated above.					
23a. SIGNATURE Homer C. Marshall, M.D.			23b. ADDRESS Professional Bldg.		23c. DATE SIGNED 6-13-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/15/53	24c. NAME OF CEMETERY OR CREMATORY Hazelwood		24d. LOCATION (City, town, or county) (State) Springfield, Mo.	
DATE REC'D BY LOCAL REG. 6-16-53	REGISTRAR'S SIGNATURE, Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. H. Lohmeyer, Springfield, Mo.		

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

NOV 23 1954

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

Burt Schumyer

Licensed Embalmer No. *4734*

P. O. Address *Sppl, 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.