

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 24 1954

State File No. 15522

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 485

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 OR TOWN SPRINGFIELD	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) LIFE		e. STREET ADDRESS (If rural, give location) ROUTE # 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A BURGE HOSP. 0390			

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) C.	c. (Last) FONDREN	4. DATE OF DEATH (Month) (Day) (Year) MAY 17 1954
-------------------------------------	-----------------	----------------	-------------------	---

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 21 1908	9. AGE (In years last birthday) 46	If UNDER 1 YEAR Months Days	If UNDER 1 HR. Hours Mins.
-------------	------------------------	--	--------------------------------	------------------------------------	-----------------------------	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE MAN	10b. KIND OF BUSINESS OR INDUSTRY OZARK MFG. CO.	11. BIRTHPLACE (City and State or Foreign Country) GREENE COUNTY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
---	--	--	----------------------------------

13a. FATHER'S NAME ROBERT L. FONDREN	13b. MOTHER'S MAIDEN NAME CORA EVANS	14. NAME OF HUSBAND OR WIFE MAUDE SMITH FONDREN
--------------------------------------	--------------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 493-16-4032	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. MAUDE FONDREN RT # 2 SPFLD, MO.
--	-------------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Unknown
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary Vascular Disease		
	<p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p>		
	<p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>		

UNATTENDED BY A PHYSICIAN

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 \_\_\_\_\_ to \_\_\_\_\_ and that death occurred at 8:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Edith Williamson</i>	Registrar (Degree or title) Vital Statistics	23b. ADDRESS Greene County Court House Springfield, Missouri	DATE SIGNED 5/20/54
--	--	--	---------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5/20/54	24c. NAME OF CEMETERY OR CREMATORY DANFORTH CEMETERY	24d. LOCATION (City, town, or county) (State) NEAR SPRINGFIELD MO.
--	-------------------	--	--

DATE REC'D BY LOCAL REG. 5-20-54	REGISTRAR'S SIGNATURE <i>Edith Williamson</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. LOHMEYER SPRINGFIELD, MO.
----------------------------------	---	---

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

FEB 8 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Walter E. Hamell*

Licensed Embalmer No...3808

P. O. Address..SPRINGFIELD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.