

FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHLA GRANGE PARISHING  
State File No. 15576

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 533-A			
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) 4 WEEKS		c. CITY OR TOWN SPRINGFIELD		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: SPRINGFIELD BAPTIST				e. STREET ADDRESS (If rural, give location) 724 MT. VERNON ST. 03960					
3. NAME OF DECEASED (Type or Print) SOTA			a. (First)		b. (Middle)		c. (Last) SCHOFIELD		
4. DATE OF DEATH		JUNE, 2, 1954		5. SEX FEMALE		6. COLOR OR RACE WHITE			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JUNE, 16, 1893		9. AGE (In years last birthday) 60		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 (City and State or Foreign Country) AVA, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME C. P. BRADSHAW		13b. MOTHER'S MAIDEN NAME SARAH ELIZABETH SIVILS		14. NAME OF HUSBAND OR WIFE GEORGE SCHOFIELD					
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS GEO. SCHOFIELD, SPRINGFIELD, MO					
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) Hypertension & cerebral hemorrhage				DUE TO (b) _____				3 weeks.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) _____					
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 _____				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) 331 X					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		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 May 2, 1954, to June 2, 1954, that I last saw the deceased alive on June 2, 1954, and that death occurred at 8:10 P. M., from the causes and on the date stated above.									
23a. SIGNATURE Gene W. Farthing M.D. (Degree or title)				23b. ADDRESS Med Arts Bldg 9, Springfield, Mo.		23c. DATE SIGNED 6-4-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6/5/54		24c. NAME OF CEMETERY OR CREMATORY MAPLE PARK		24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI			
DATE REC'D BY LOCAL REG. 6-7-54		REGISTRAR'S SIGNATURE Gene W. Farthing		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HERMAN LOHMEYER SPRINGFIELD, MO					

(Licensed Embalmer's Statement on Reverse Side)

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

MS  
APR 17 1959

**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.....  
Signature of Student Embalmer

Signed *Walter E. Hamelin*.....

Licensed Embalmer No. *380*.....

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.