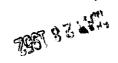
THE DIVISION OF HEALTH OF MISSOURI S. No. 300 STANDARD CERTIFICATE OF DEATH FILEDOCT 15 1951 State File No. v. 10.48 PRIMARY REG. DIST. NO. 200 ORegistrar's No. BIRTH NO. 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before 1. PLACE OF DEATH b. COUNTY Lawrence a. STATE a. COUNTY Greene issouri c. CITY (if outside corporate limits, write RURAL and give township) LENGTH OF b, CITY (If outside corporate limits, write RURAL and give c. LENGTH OF STAY (in this place) township) RECORD TOWN TOWN Springfield, Days <u>Monett.</u> Missouri d, FULL NAME OF (If not in hospital or institution, give street address or location) d. STREET (Il rural, give location) ADDRESS HOSPITAL OR INSTITUTION John's Hosp. Sunset Drave St. b. (Middle) c. (Last) 3. NAME OF a. (First) 4. DATE (Month) (Day) (Year) DECEASED DEATH 195E PERMANENT (Type or Print) William MooreWest 65 Oct. 6. COLOR OR RACE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years) 8. DATE OF BIRTH 5. SEX IF UNDER I YEAR OF UNDER 24 HRS. last birthday) Months ! Days Hours ! Min. male White Widowed 28 8 10b. KIND OF BUSINESS OR IN-11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? DUSTRY done during most of working life, even if retired) Physician Christian County. U.S.A. 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 13a. FATHER'S NAME Jane Carne West B**ird** Raunn -MAKE 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (Yee, no, or unknown) | (If yes, give war or dates of service) None Yes st. Katie Henderson Capt. Monett. _Mo. MEDICAL CERTIFICATION INTERVAL BETWEEN 18. CAUSE OF DEATH 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) ONSET AND DEATH Enter only one cause per line for (a), (b), and (c) ANTECEDENT CAUSES BLACK *This does not mean Morbid conditions, if any, giving DUE TO (b) . rise to the above cause (a) stating the mode of dving, such as heart failure, asthenia, the underlying cause last. etc. It means the dis-DUE TO (c) ease, injury, or complica-UNEADING II. OTHER SIGNIFICANT CONDITIONS tion which caused death. Conditions contributing to the death but no related to the disease or condition causing cath. 1915 MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19a. DATE OF OPERA-TION 4200 YES L NO L 21a. ACCIDENT SUICIDE HOMICIDE 21h. PLACE OF INJURY (e.g., in or about 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) (Specify) -USING home, farm, factory, stree, office bldg., etc.) 21s. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? 21d. TIME (Year) (Hour) (Month) (Day) NOT WHILE OF INJURY WHILE AT WOT WHILE WRITE PLAINLY 22. I hereby certify that I attended the deceased from 10-4 1951, to 10-6 ... 19 🗲 . that I last saw the deceased \mathcal{L} m., from the causes and on the date stated above. 1921, and that death occurred at alive on _LP-6 (Degree or tith) 23a. SIGNATURE 23b. ADDRESS 23c. DATE SIGNED 24c. NAME OF CEMETRY OR CREMATORY CATION (City, town, or county) 24a, BURIAL, CREMA-TION, REMOVAL (Specity) (State) OCT 9 1951 ${ t Monett.}$ Missouri Burial// 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DATE REC'D BY LOCAL FUNERAL HOME Monett. (Licensed Embalmer's Steement on Reverse Side)



the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

STATEMENT BY LICENSED EMBALMER

	Student Embalmer No.
ring under my personal supervision.	
Student Embalmer	Signed Licensed Embalmer No. 4432
	Licensed Embalmer No. 4432