

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33592**

FILED NOV 7 1949

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 954

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. Missouri b. COUNTY Greene	
b. CITY OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION 527 E. Walnut		d. STREET ADDRESS (If rural, give location) 821 N. Robberson	

3. NAME OF DECEASED (Type or Print) a. (First) Amanda b. (Middle) _____ c. (Last) Nestor			4. DATE OF DEATH (Month) (Day) (Year) Oct. 31, 1949			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 28 1874	9. AGE (In years) (Month) (Day) (Year) 75	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (State or foreign country) Simmons, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Cunningham	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE X
---	---	---

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 ADDRESS Mrs. Floyd Sullivan Springfield, Mo
--	--------------------------------------	---

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 3 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gastric disturbance			shortness

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	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.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none
--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? none
--	--	---

22. I hereby certify that I attended the deceased from **10-21**, 19**49**, to **10-31**, 19**49**, that I last saw the deceased alive on **10-31**, 19**49** and that death occurred at _____ P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. F. Freeman M.D.	23b. ADDRESS Springfield MO	23c. DATE SIGNED 11-1-49
---	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/3/49	24c. NAME OF CEMETERY OR CREMATORY Cabool Cemetery	24d. LOCATION (City, town, or county) (State) Cabool, Mo.
--	-----------------------------	--	---

DATE REC'D BY LOCAL REG. 11-1-49	REGISTRAR'S SIGNATURE H. H. Lohmeyer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. H. Lohmeyer Springfield, Mo.
--	--	--

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

59

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 _____

Lucien T. Swadley

Student Embalmer No. 353

working under my personal supervision.

Signed Lucien T. Swadley
Student Embalmer

Signed Walter E Hamill

Licensed Embalmer No. 3808

P. O. Address Birmingham Ala

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.