No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12627

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In hospital): 12 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Texas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Houston 1070
d. STREET ADDRESS (If rural, give location): None 1

3. NAME OF DECEASED (Type or Print)
a. (First): MAMIE
b. (Middle): LOUISE
c. (Last): IMPEY

4. DATE OF DEATH (Month) (Day) (Year): April 12, 1952

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: Dec. 27, 1890

9. AGE (In years last birthday): 62 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): LaSalle, ~~Ill~~ Co. Marseilles Illinois

12. CITIZEN OF WHAT COUNTRY?: A

13a. FATHER'S NAME: J. Larson

13b. MOTHER'S MAIDEN NAME: Jennie Bagby

14. NAME OF HUSBAND OR WIFE: David E. Impey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S SIGNATURE OR NAME: David E. Impey, Sr.
ADDRESS: Houston, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Acute & Chronic Cholecystitis & Cholelithiasis — 2 mos
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: Cholecystitis & Cholelithiasis 584X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 1, 1952 *to* Apr 12, 1952, *that I last saw the deceased alive on* Apr 12, 1952, *and that death occurred at* 11:05P m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. D. Duncan (Degree or title) M.D.
23b. ADDRESS: Springfield Mo.
23c. DATE SIGNED: 4-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 4
24b. DATE: 4/12/1952
24c. NAME OF CEMETERY OR CREMATORY: Houston Cemetery
24d. LOCATION (City, town, or county) (State): Houston, Missouri

DATE REC'D BY LOCAL REG.: 4-16-52
REGISTRAR'S SIGNATURE: James R Amos, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Alma Rohmeyer-Windle
ADDRESS: Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Dunham
Prof

NOV 8 1955

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.....

working under my personal supervision.

Student Embalmer No.....

Signed James W. Wair

Signed.....
Student Embalmer

Licensed Embalmer No. 4650

P. O. Address Springfield Me

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.

State of Missouri
County of Texas } ss.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State File No. 12627-52
-52

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No.

On this 2nd day of November, 1955, before me appears David E. Impey, who, upon his oath, states that the original record of ~~birth~~ death for Mamie Louise Impey died ~~born~~ April 12, 1952, in the State of Missouri, and which was filed at Jefferson City, Missouri on ....., 19....., should be corrected as follows:

Item No. 11 should read Marseilles, LaSalle County, Illinois,
Instead of LaSalle, Illinois

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant David E. Impey Widower
Relationship.

Court House, Houston, Missouri
Present Address.

Subscribed and sworn to before me this 2nd day of November, 1955.

My Commission expires Winnie Gladden ~~Notary Public~~
Clerk of Magistrate Court