

FILED MAY 19 1952

STANDARD CERTIFICATE OF DEATH

State File No. **16095**
Registrar's No. **448-A**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

396

2-5505

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

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 (If outside corporate limits, write RURAL and give township) OR TOWN Springfield Avenue	
c. LENGTH OF STAY (In this place) 1 month		d. STREET ADDRESS (If rural, give location) 725 Holland Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 725 Holland Avenue			

3. NAME OF DECEASED (Type or Print) a. (First) ELVA b. (Middle) c. (Last) MACK			4. DATE OF DEATH (Month) (Day) (Year) May 4, 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 28 Nov. 1867	9. AGE (In years last birthday) 84	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) (unknown) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME H. J. Dutton	13b. MOTHER'S MAIDEN NAME Louise Brinsborn	14. NAME OF HUSBAND OR WIFE A. O. Mack
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. R.E.M. Mack	ADDRESS 849 W. High Street, Springfield, Missouri.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, metastatic		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary site undetermined 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 1998	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 **May**, 19**47**, to **4 May**, 19**52**, that I last saw the deceased alive on **4/1 May**, 19**52**, and that death occurred at **4:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Henry A. Peterson M.D.	(Degree or title)	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 7 May 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6 May 1952	24c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Missouri.
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DATE REC'D BY LOCAL REG. 5-10-52	REGISTRAR'S SIGNATURE James A. Amos, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Fred C. Thiem	ADDRESS Springfield, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

Ralph H. Thuman

Signed.....
Student Embalmer.

Licensed Embalmer No. 3681

P.O. Address Springfield, Missouri.

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.