No. 200
10.48

FILED AUG 17 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 28312

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 757

**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 this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Springfield Baptist Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield 0396
d. STREET ADDRESS (If rural, give location): 1319 University Street

**3. NAME OF DECEASED** (Type or Print)
a. (First): VELVA
b. (Middle): JOSEPHINE
c. (Last): HERBEL

**4. DATE OF DEATH** (Month) (Day) (Year): August 10, 1953

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: 14 Sept. 1910
**9. AGE** (In years last birthday): 42
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): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: Home
**11. BIRTHPLACE** (City and State or Foreign Country): Springfield, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Roy E. Cook
**13b. MOTHER'S MAIDEN NAME**: Alma Hoover
**14. NAME OF HUSBAND OR WIFE**: Harry Herbel

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no
(If yes, give war or dates of service): none
**16. SOCIAL SECURITY NO.**: ----
**17. INFORMANT'S SIGNATURE OR NAME**: Harry Herbel
**ADDRESS**: 1319 University Street, Springfield, 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) Mesenteric Thrombosis (Sm Bowel) — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Twisted Mesentery & Infarction — ,,
DUE TO (c) Hysterectomy operation — 6 days

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
Fibromyomata Uterus, Old adhesions & Varicose Veins — 3 mos.

**19a. DATE OF OPERATION**: 8/4/53
**19b. MAJOR FINDINGS OF OPERATION**: Fibromyomata Uterus, Bilat Varicose Veins, Adhesions
**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)**: 633X
**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* 26 June, 1953, *to* 10 Aug, 1953, *that I last saw the deceased alive on* 9 Aug, 1953, *and that death occurred at* 3:30A *m., from the cause and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Berwood G. Hall M.D.
**23b. ADDRESS**: Springfield, Mo.
**23c. DATE SIGNED**: 8/11/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 13Aug.1953
**24c. NAME OF CEMETERY OR CREMATORY**: Hazelwood
**24d. LOCATION** (City, town, or county) (State): Springfield, Missouri.

**DATE REC'D BY LOCAL REG.**: 8-12-53
**REGISTRAR'S SIGNATURE**: Earl Williamson
**25. FUNERAL DIRECTOR'S SIGNATURE**: Fred C. Thieme
**ADDRESS**: Springfield Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 6 1958

## 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 .....
Student Embalmer

Signed Ralph H. Thiem

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.