

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHDR. GOOD 15534
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>492</u>				
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				b. COUNTY DADE		
b. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD		c. LENGTH OF STAY (In this place) 6 DAYS		c. CITY OR TOWN EVERTON		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION BAPTIST HOSP.				e. STREET ADDRESS (If rural, give location) 0290						
3. NAME OF DECEASED (Type or Print) a. (First) SUSIE			b. (Middle) ALICE		c. (Last) HUNT		4. DATE OF DEATH (Month) (Day) (Year) MAY 19 1954			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JULY 12 1891		9. AGE (In years last birthday) Months Days 62		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME			10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and State or Foreign Country) EVERTON, MISSOURI			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME WM. HENRY WISEHART			13b. MOTHER'S MAIDEN NAME BURKETT			14. NAME OF HUSBAND OR WIFE _____				
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 LENA ROSE CREWSE					ADDRESS EVERTON, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Asthma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 241 X						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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 <u>May 14, 1954</u> , to <u>May 19, 1954</u> , that I last saw the deceased alive on <u>May 19, 1954</u> , and that death occurred at <u>10:10 A.M.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>James J. Good</u>				(Degree or title) <u>MD</u>		23b. ADDRESS <u>Springfield, Mo</u>		23c. DATE SIGNED <u>5-20-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE <u>5/21/54</u>		24c. NAME OF CEMETERY OR CREMATORY RAY SPRINGS, CEMETERY		24d. LOCATION (City, town, or county) (State) DADE COUNTY, MO.				
DATE REC'D BY LOCAL REG. <u>5-20-54</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>			25. FUNERAL DIRECTOR'S SIGNATURE H.H. LOHMEYER				ADDRESS SPRINGFIELD, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 28 195

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..... Signature of Student Embalmer

Signed *Walter E. Hamer*.....

Licensed Embalmer No. *380*.....

P. O. Address *Spring*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.