

REC'D NOV 29 1954

STANDARD CERTIFICATE OF DEATH

 State File No. **37076**
 City of Springfield, Mo.

 BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **1068**

1. PLACE OF DEATH a. COUNTY GREENE b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD c. LENGTH OF STAY (If applicable) 12 YRS.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE c. CITY OR TOWN SPRINGFIELD d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1512 S. KENTWOOD		e. STREET ADDRESS (If rural, give location) 1512 S. KENTWOOD 0396	

3. NAME OF DECEASED (Type or Print) a. (First) ALMA b. (Middle) BELLE c. (Last) MILLER	4. DATE OF DEATH (Month) (Day) (Year) NOV. 22 1954	5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED	8. DATE OF BIRTH AUG. 7 1873	9. AGE (In years, last birthday) 81	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 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 Housewife		11. BIRTHPLACE (City and State or Foreign Country) 0 NEAR ROGERSVILLE, MO.		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME LLOYD TURNER	13b. MOTHER'S MAIDEN NAME MARGARET PICKEL	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. CLAY WILLOUGHBY SPRINGFIELD, MO.
---	---	---

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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, not otherwise specified (skeletal metastasis) 8-9 mos. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) retro-pericardial obstruction DUE TO (c) left kidney		INTERVAL BETWEEN ONSET AND DEATH 6-8 mos.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Enlarged left kidney, cause undet.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 1998	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	--	--

21a. SUICIDE OR 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 <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 Sept 19 54, to Nov 22, 1954, that I last saw the deceased alive on Nov 15, 1954, and that death occurred at 10:52P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Don J. Silsby MD	23b. ADDRESS Springfield Mo	23c. DATE SIGNED 11-24-54
--	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-24-54	24c. NAME OF CEMETERY OR CREMATORY Eastlawn	24d. LOCATION (City, town, or county) (State) Springfield, Mo.
---	-------------------------------------	--	---

DATE REC'D BY LOCAL REG. 11-24-54	REGISTRAR'S SIGNATURE Clay Wiloughby	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. LOHMEYER SPRINGFIELD, MO.
--	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Gene C. Steuber*.....

Licensed Embalmer No. *41739*.....

P. O. Address *Springfield*.....

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.