

FILED SEP 26 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29457**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **830**

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Springfield</b> )	c. LENGTH OF STAY (In this place) <b>1 Month</b>	c. CITY OR TOWN <b>Springfield</b>	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 <b>Baptist Hospital</b>			
e. STREET ADDRESS <b>423 E. Division</b>		2396	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>PEARL</b>	b. (Middle) <b>M.</b>	c. (Last) <b>DISHMAN.</b>	<b>Sept.</b>	<b>18,</b>	<b>1955</b>

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3 August 1888</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 22 HRS. Hours _____ Min. _____
----------------------	-------------------------------	---	---------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>In Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Greene County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	--	--	--	--	---

13a. FATHER'S NAME <b>William B. Wills</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Whitmore</b>	14. NAME OF HUSBAND OR WIFE <b>Ferdy W. Dishman</b>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Hospital Records</b>	ADDRESS _____
--	-----------------------------------	---	---------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>30 mo.</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized Melanosis</b>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) _____		
	DUE TO (c) <b>192X</b>		
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertensive Heart Disease</b>		<b>7 1/2 yrs.</b>

19a. DATE OF OPERATION <b>Mar. 1953</b>	19b. MAJOR FINDINGS OF OPERATION <b>Enucleation Rt. Eye (Melanoma)</b>	20. AUTOPSY? YES <input 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 **7-18**, 19**52**, to **9-18**, 19**55**, that I last saw the deceased alive on **7-18**, 19**55**, and that death occurred at **11:10A.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>[Signature]</b>	23b. ADDRESS <b>1630 N. Jefferson Springfield, Missouri</b>	23c. DATE SIGNED <b>9-20-55</b>
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/20/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hazelwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <b>9-21-55</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Springfield, Mo.</b>
---	--	---	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 5 1951

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.....  
Licensed Embalmer No. 40

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.