

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36567

State File No. ....

FILED NOV 21 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 200 Registrar's No. 1028

1. PLACE OF DEATH a. COUNTY <p align="center"><b>Greene</b></p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center"><b>Missouri</b></p>		b. COUNTY <p align="center"><b>Polk</b></p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center"><b>Springfield, Mo.</b></p>		c. CITY OR TOWN <p align="center"><b>Bolivar</b></p>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (in this place) <p align="center"><b>7 Days</b></p>		c. STREET ADDRESS (If rural, give location) <p align="center"><b>Star Route</b></p>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <p align="center"><b>Ozark Osteopathic Hospital</b></p>					

3. NAME OF DECEASED (Type or Print)	a. (First) <p align="center"><b>Sarah Bertha</b></p>	b. (Middle) <p align="center"><b>McPheeters.</b></p>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <p align="center"><b>Nov. 17, 1955</b></p>
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5. SEX <p align="center"><b>Female</b></p>	6. COLOR OR RACE <p align="center"><b>White</b></p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center"><b>Widowed.</b></p>	8. DATE OF BIRTH <p align="center"><b>July 12, 1882</b></p>	9. AGE (In years last birthday) <p align="center"><b>73</b></p>	IF UNDER 1 YEAR Months <p align="center"><b>4</b></p>	IF UNDER 1 YEAR Days <p align="center"><b>5</b></p>	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center"><b>Housewife</b></p>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <p align="center"><b>Polk County</b></p>	12. CITIZEN OF WHAT COUNTRY? <p align="center"><b>U. S. A.</b></p>
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13a. FATHER'S NAME <p align="center"><b>John Payne</b></p>	13b. MOTHER'S MAIDEN NAME <p align="center"><b>Mary Ellen Turk</b></p>	14. NAME OF HUSBAND OR WIFE <p align="center"><b>George W. McPheeters</b></p>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center"><b>No</b></p>	16. SOCIAL SECURITY NO. <p align="center"><b>No</b></p>	17. INFORMANT'S SIGNATURE OR NAME <p align="center"><b>Mrs. Thelma Battmer, Kansas City, Mo.</b></p>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p align="center"><b>Circulatory failure</b></p>		
	ANTECEDENT CAUSES DUE TO (b) <p align="center"><b>Conjestive Heart Failure and Coronary Thrombosis</b></p> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <p align="center"><b>Bronchiogenic Carcinoma left lung Cerebral Thrombosis.</b></p>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from 11/10/55, 1955, to 11/17/55, 1955, that I last saw the deceased alive on 11/17/55, 1955, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Richard W. [Signature]</i>	(Degree or title)	23b. ADDRESS <p align="center"><b>700 E. Sunshine, Springfield, Mo.</b></p>	23c. DATE SIGNED <p align="center"><b>11/17/55</b></p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center"><b>Removal &amp; Burial 11/19/55</b></p>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <p align="center"><b>Payne.</b></p>	24d. LOCATION (City, town, or county) (State) <p align="center"><b>Polk County, Missouri</b></p>
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DATE REC'D BY LOCAL REG. <p align="center"><b>11/17/55</b></p>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS <p align="center"><b>Bolivar, Missouri</b></p>
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(Licensed Embalmer's Statement on Reverse Side)

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

250 23 304

**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.

CH  S.Y.  
(STATED) (YOUTH)

Student.....  
Signature of Student Embalmer

Signed *Chy Justice*  
.....  
Licensed Embalmer No. *445*

P. O. Address *Bellevue*

**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.**