

FILED JAN 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Hall or Ashley
State File No. **1040**

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE			
b. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD		c. LENGTH OF STAY (in this place) <u>20 days</u>		c. CITY OR TOWN SPRINGFIELD		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 HOSPITAL				e. STREET ADDRESS (If rural, give location) 1211 NICHOLS			
3. NAME OF DECEASED (Type or Print) a. (First) MINNIE		b. (Middle)		c. (Last) LEE		4. DATE OF DEATH (Month) (Day) (Year) JAN, 7, 1956	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH May 2, 1877	
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		IF UNDER 15 HRS. Mins.	
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) <input checked="" type="checkbox"/> Marshfield, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE (Widowed)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CLARENCE CONLON 518 E. DELMAR			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Liver necrosis ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Thrombosis right hepatic vein DUE TO (c) Empyema of gall bladder with gall stones and removal II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Carcinoma wall of gall bladder 584xH				INTERVAL BETWEEN ONSET AND DEATH 10 days 10 days 2 weeks	
19a. DATE OF OPERATION 12/22/55		19b. MAJOR FINDINGS OF OPERATION Empyema of gall bladder with common duct and gall bladder stones				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 November 27, 1955 , to January 7, 1956 , that I last saw the deceased alive on January 6, 1956 , and that death occurred at 3:20 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Edward G. Hall, M.D.</i>				23b. ADDRESS 1211 S. Glenstone, Springfield, Missouri		23c. DATE SIGNED 1/9/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1/10/56		24c. NAME OF CEMETERY OR CREMATORY ST MARY'S		24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI	
DATE REC'D BY LOCAL REG. 1/10/56		REGISTRAR'S SIGNATURE <i>Edith Williamson</i>		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <i>Edith Williamson</i> Springfield			

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 *Lewis T. Swadlow*.....

Licensed Embalmer No. *48*.....

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.