

FILED MAY 7 1956

THE DIVISION OF MISSOURI  
STANDARD CERTIFICATE OF DEATH12953  
STATE FILE NUMBERRegistration District No. 128 Primary Registration District No. 2000 Registrar's No. 423

1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Springfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>1330 Cherry</u> INSTITUTION <u>Connelly Nursing Home</u>		Length of stay in lb <u>8 years</u>	d. STREET ADDRESS <u>741 South Ave</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>EFFIE</u> Middle <u>SWITZER</u> Last <u>MADDEN</u>			4. DATE OF DEATH Month <u>April</u> Day <u>30</u> Year <u>1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 5, 1864</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Finlay, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Milton Switzer</u>			14. MOTHER'S MAIDEN NAME <u>Amanda Essex</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Miss Nell Madden, Springfield, Missouri</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Miocardia failure.</u>					INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) <u>Embolus</u>	
DUE TO (c) <u>Recent fracture of right hip</u>					<u>6 weeks</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Arterial sclerotic disease with hypertension.</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Fell in home.</u>				9040 21	
20c. TIME OF INJURY Hour <u>XXX</u> Month <u>April</u> Day <u>30</u> Year <u>1956</u>	A. M. February 23, 1956					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>Springfield</u>		COUNTY <u>Greene</u>	STATE <u>Missouri</u>	
21. I attended the deceased from <u>August 21, 1950</u> to <u>April 30, 1956</u> and last saw <u>her</u> alive on <u>April 30, 1956</u> Death occurred at <u>9:25 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (If free or title) <u>Edward B. Hall M.D.</u>			22b. ADDRESS <u>1211 South Glenstone</u>		22c. DATE SIGNED <u>5/1/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 2, 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lawson Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Lawson, Missouri</u>		
24. FUNERAL DIRECTOR <u>Levell E. Winkle</u>		ADDRESS <u>B.W. Springfield, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>5-3-56</u>	26. REGISTRAR'S SIGNATURE <u>Fritz Williamson</u>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1961 FEB 17

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No....  
working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed *Bernard J. Wrigley*

Licensed Embalmer No.....

P. O. Address *Sp...*

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