enninger FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16084

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 493

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, give TOWNSHIP only) OR TOWN SPRINGFIELD — Inside Limits Yes X No ☐	c. CITY OR TOWN SPRINGFIELD 0394 0 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST. JOHN's HOSP. — Length of stay in 1b LIFE	d. STREET ADDRESS MERCY INFIRMARY (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First LOUISA	Middle	Last MOORE
4. DATE OF DEATH	Month MAY	Day 26,	Year 1956
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED 2 X DIVORCED ☐	8. DATE OF BIRTH JAN. 13, 1864
9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) NEW YORK	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME EUGENE ERBACHER		14. MOTHER'S MAIDEN NAME FREDERICA ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address MRS FREDA KELSO, DALLAS, TEXAS	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory Collapse

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary Embolism

DUE TO (c) Phlebothrombosis

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Fracture of the L Hip

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fell 9047 45

20c. TIME OF INJURY Hour a. m. 8 Month, Day, Year 4-19-56

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Nursing Home

20f. CITY, TOWN, OR LOCATION Springfield, 123 COUNTY Greene STATE Mo

21. I attended the deceased from April 19, to May 26 and last saw her/him alive on May 26

Death occurred at 10:15 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.

22b. ADDRESS Springfield, Mo.

22c. DATE SIGNED May 30 1956

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/28/56	23c. NAME OF CEMETERY OR CREMATORY Marshfield Cemetery	23d. LOCATION (City, town, or county) (State) Marshfield, Missouri
24. FUNERAL DIRECTOR ADDRESS HERMAN H. LOHMEYER, SPRINGFIELD		25. DATE RECD. BY LOCAL REG. 6-1-56	26. REGISTRAR'S SIGNATURE Edith Williamson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address

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.