

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33630
STATE FILE NUMBER

FILED NOV 13 1956

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1012

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| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Greene | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Springfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge | | d. STREET ADDRESS 1322 Cherry (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Length of stay in 1b 30 yrs. | | 3960 | |

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| 3. NAME OF DECEASED (Type or print) MARY SHRIVER CADLE First Middle Last | 4. DATE OF DEATH Nov. 2, 1956 Month Day Year |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 21, 1877 | 9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months Days Hours Min. | 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) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Dresden, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13. FATHER'S NAME James H. Cook | 14. MOTHER'S MAIDEN NAME Elizabeth Shriver |
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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) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Mrs. Mary Price 1331 N. Wabash Address Springfield Mo |
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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Pyelonephritis | | INTERVAL BETWEEN ONSET AND DEATH unknown |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Recent left hip fracture 6000F | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 20a. ACCIDENT <input 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.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | |
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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION Springfield | COUNTY Greene | STATE Mo. |
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| 21. I attended the deceased from 150 Oct 1956 to Nov. 2, 1956 and last saw <u>her</u> alive on 2 Nov 1956 Death occurred at 3:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE Francis M. Maple, M.D. | 22b. ADDRESS Springfield, Mo. | 22c. DATE SIGNED 5 Nov 1956 |
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| 23a. BURIAL, CREMATION, REMOVAL (S or V) Burial | 23b. DATE Nov. 7 1956 | 23c. NAME OF CEMETERY OR CREMATORY Maple Park | 23d. LOCATION (City, town, or county) (State) Springfield, Mo. |
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| 24. FUNERAL DIRECTOR Ralph Thieme | ADDRESS Springfield, Mo. | 25. DATE REGD. BY LOCAL REG. 11-7-56 | 26. REGISTRAR'S SIGNATURE Edith Williams |
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(Licensed Embalmer's Statement on Reverse Side)

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

AUG 20 1962

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.....
Lee Mason

Licensed Embalmer No. 4568

P. O. Address Springfield

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