

FILED OCT 29 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33672

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 978

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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|   |                                  |   |   |   |   |
|---|----------------------------------|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>  |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Springfield</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Springfield</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Burge Hospital</b>  |                                  | Length of stay in 1b<br><b>50 Yrs.</b>  | d. STREET ADDRESS (If outside, give location)<br><b>2010 E. Walnut</b>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |
| 3. NAME OF DECEASED (Type or print)<br>First <b>MILLIE</b> Middle <b>D.</b> Last <b>LEMONS</b>  |                                  |   | 4. DATE OF DEATH<br>Month <b>Oct.</b> Day <b>22</b> Year <b>1956</b>  |   |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>1 May 1890</b>   | 9. AGE (In years last birthday)<br><b>66</b>                            | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>At Home</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Dallas Co., Mo.</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |
| 13. FATHER'S NAME<br><b>James W. Williams</b>   |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Potter</b>   |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>No</b>  | 17. INFORMANT<br><b>Hospital Records</b>  |   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Thrombosis Aorta abdominal at bifurcation</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis arterial</b><br>DUE TO (c) _____ |                                  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 days</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  |                                  |   |   |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 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.)<br><b>454X</b>   |   |   |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a. m. p. m.   |                                  |   |   |   |   |
| 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  |   | COUNTY STATE  |
| 21. I attended the deceased from <b>Oct 21 56</b> to <b>Oct 22 56</b> and last saw her alive on <b>Oct 21 56</b><br>Death occurred at <b>4:40 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |   |   |   |
| 22a. SIGNATURE<br><b>Heuston Wakeman MD.</b> (Degree or title)  |                                  |   | 22b. ADDRESS<br><b>Woodruff Bldg.</b>   |   | 22c. DATE SIGNED<br><b>10-22-56</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>10-24-56</b>     | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Greenlawn Cemetery</b>   |   | 23d. LOCATION (City, town, or county) (State)<br><b>Springfield Mo.</b> |   |
| 24. FUNERAL DIRECTOR<br><b>J.W. Klingner &amp; Co.</b>  |                                  | ADDRESS<br><b>Spgrd. Mo.</b>  | 25. DATE RECD. BY LOCAL REG.<br><b>10-25-56</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>Edith Williamson</b>  |

(Licensed Embolmer's Statement on Reverse Side)

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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 embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Agile Jose Jr*  
.....  
Licensed Embalmer No. ....

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.