

FILED NOV 5 - 1956

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 984-A

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 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 Springfield TOWN		c. CITY OR TOWN Springfield	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS 1271 S. Ferguson	
3. NAME OF DECEASED (Type or print) AGNES		4. DATE OF DEATH October 24, 1956	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct 17, 1886	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School Teacher		11. BIRTHPLACE (City and state or country) Grundy Co., Missouri	
13. FATHER'S NAME Thomas Herbert		14. MOTHER'S MAIDEN NAME Mary Woly	
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. ?	
17. INFORMANT Cecil Smith, Springfield, Missouri		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Constrictive Pericarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Rheumatic Heart Disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 4/6 X	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH Approx 2 yrs 10 yrs	
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.)	
20c. TIME OF INJURY Hour _____ 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 2/25/47 to 10/24/56 and last saw her/him alive on 10/24/56 Death occurred at 10:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> MD		22b. ADDRESS 609 Cherry, Springfield	
22c. DATE SIGNED 10/25/56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10/25/56	
23c. NAME OF CEMETERY OR CREMATORY ---		23d. LOCATION (City, town, or county) (State) Joplin, Missouri	
24. FUNERAL DIRECTOR Herman H. Lohmeyer, Springfield, Mo		25. DATE RECD. BY LOCAL REG. 11-2-56	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

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 *Lucien J. Swadley*

Licensed Embalmer No. *487*

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.