

FILED NOV 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37689

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1038

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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield ⁰³⁹⁶ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1261 E. University		Length of stay in lb 38 Yr	d. STREET ADDRESS (If outside, give location) 1261 E. University Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) VERNA E. MITCHELL <i>First Middle Last</i>			4. DATE OF DEATH Nov. 13, 1956 <i>Month Day Year</i>
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 21 Feb. 1895
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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) Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME James H. Jones	
14. MOTHER'S MAIDEN NAME Matilda Estes		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No	
16. SOCIAL SECURITY NO. No		17. INFORMANT Audie Mitchell Address Springfield, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema + pleural effusion DUE TO (b) Metastatic Adenocarcinoma - liver & lungs - ? 1 month DUE TO (c) Probably Primary Carcinoma of Pancreas PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) Coronary artery Disease			INTERVAL BETWEEN ONSET AND DEATH 2 weeks ?
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)		20c. TIME OF INJURY Hour Month, Day, Year 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 9-8-56 to 11-13-56 and last saw her ^{her} _{from} alive on 11-12-56 Death occurred at 6:10 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Harold H. Lurie, M.D. <i>(Degree or title)</i>		22b. ADDRESS 609 Cherry Springfield, Missouri	
22c. DATE SIGNED 11-13-56		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 11/15/56		23c. NAME OF CEMETERY OR CREMATORY Marionville Cemetery	
23d. LOCATION (City, town, or county) Marionville, Missouri		(State)	
24. FUNERAL DIRECTOR J.W. Klingner & Co. <i>JAC</i>		ADDRESS Spfld. Mo.	
25. DATE RECD. BY LOCAL REG. 11-13-56		26. REGISTRAR'S SIGNATURE Edith Williams	

OCT 24 1961

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 *Agla Stone Jr*.....

Licensed Embalmer No. *417*.....

P. O. Address *Springfield*.....

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.