

Dr.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41166

STATE FILE NUMBER

FILED DEC 17 1956

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1134

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Berry							
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 Cassville		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR St. John's Hosp.		Length of stay in lb INSTITUTION		d. STREET ADDRESS		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) MYRTLE			First JANE		Middle MEADOR		Last				
4. DATE OF DEATH Dec. 13 1956			Month		Day		Year				
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 Feb. 7 1899		9. AGE (In years lgt birthday) 57			
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) Jenkins, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		IF UNDER 1 YEAR Months Days Hours Min			
13. FATHER'S NAME J.H. Thomas				14. MOTHER'S MAIDEN NAME Allie G. lloway							
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 Fred A. Meador Address Cassville, 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 embolism & infarction							INTERVAL BETWEEN ONSET AND DEATH 7 hours				
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.							DUE TO (b) Thrombosis of abdominal veins unknown				
DUE TO (c) Recent surgery for peptic ulcer							2 weeks				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 540.0							19. WAS AUTOPSY PERFORMED? 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.)					
20c. TIME OF INJURY Hour a. m. Month, Day, Year 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		20g. COUNTY		20h. STATE	
21. I attended the deceased from 11-18-56 to 12-13-56 and last saw her him alive on 11 a. m. Death occurred at 11 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Andrew Hahn (Degree or title)				22b. ADDRESS H.D. 609 Cherry-Springfield, Mo.				22c. DATE SIGNED 12-14-56			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 12/14/56		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) Cassville, Mo.		23e. (State)			
24. FUNERAL DIRECTOR H.H. Lohmeyer ADDRESS Springfield, Mo.				25. DATE RECD. BY LOCAL REG. 12-14-56		26. REGISTRAR'S SIGNATURE Edith Williams					

(Licensed Embalmer's Statement on Reverse Side)

800
-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be entered. 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 30 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 *W. H. McCall*.....

Licensed Embalmer No. *27*.....

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

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.