

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **940**  
Registrar's No. **46**

FILED JAN 21 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield,</b>		c. CITY OR TOWN <b>Springfield</b>	
c. LENGTH OF STAY (in this place) <b>3 Days</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1221 N. Park</b>		e. STREET ADDRESS (If rural, give location) <b>0390</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Alvina</b> b. (Middle) <b>Gillham</b> c. (Last) <b>Gillham</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 12, 1957</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>April 16, 1922</b>		9. AGE (in years last birthday) <b>34</b>		IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and State or Foreign Country) <b>Chaffee, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Elvis Lee Morlen</b>		13b. MOTHER'S MAIDEN NAME <b>Dora Goforth</b>		14. NAME OF HUSBAND OR WIFE <b>Arthur H. Gillham</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Arthur H. Gillham Springfield, Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  * This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolus</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Post Operative Hysterectomy</b>				<b>3 wks</b>	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **Oct 56**, to **Jan 12, 1957**, that I last saw the deceased alive on **Jan 6, 1957**, and that death occurred at **11:30** m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		(Degree or Title) <b>MD</b>		23b. ADDRESS <b>430 South, Ave. Springfield</b>		23c. DATE SIGNED <b>1-16-57</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-17-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>White Chapel</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield, Mo</b>	
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DATE REC'D BY LOCAL REG. <b>1-17-57</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H.H. Lohmeyer Springfield, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

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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 *W. H. Mc Conn*.....

Licensed Embalmer No. *272*.....

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.