FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 4295

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 178

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1918 S.Hampton — Length of stay in 1b: 70 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Willard ~~Springfield~~ 0390 0 — Inside Limits Yes X No ☐
d. STREET ADDRESS Willard (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First DONA Middle C. Last ALLEN

4. DATE OF DEATH Month Feb. Day 17, Year 1957

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** X **DIVORCED** ☐ 2

8. DATE OF BIRTH 10 March 1882

9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

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 0

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME D. Chadwick

14. MOTHER'S MAIDEN NAME Dorothy Fortner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Bertha E. Winter Address Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic Myocarditis —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Senility —
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Acute Bronchitis — bi-lateral — 4222

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 2-15-57, to 2-17-57 and last saw her/him alive on 2-15-57
Death occurred at 2:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul O. Upshaw, M.D. (Degree or title) 0

22b. ADDRESS Medical Arts Bldg. Springfield, Missouri

22c. DATE SIGNED 2-18-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2-20-57

23c. NAME OF CEMETERY OR CREMATORY Greenlawn

23d. LOCATION (City, town, or county) (State) Springfield, Missouri

24. FUNERAL DIRECTOR J.W. Klingner & Co. **ADDRESS** Spgfd. Mo.

25. DATE RECD. BY LOCAL REG. 2-19-57

26. REGISTRAR'S SIGNATURE Estella Williamson

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. Must use only ... Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.