

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 18 1957

4338

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 162

|  |                                  |   |  |   |   |  |   |  |  |
|--|----------------------------------|---|--|---|---|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>   |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b> |   |  |   |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Springfield</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY OR TOWN <b>Springfield 0396</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Burge Hospital</b>  |                                  |   | Length of stay in lb <b>60 Yrs.</b>  |   | d. STREET ADDRESS (If outside, give location) <b>1311 W. Thoman</b>           |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>ELLEN</b> Middle <b>KILLOUGH</b> Last <b>KILLOUGH</b>  |                                  |   |  | 4. DATE OF DEATH<br>Month <b>Feb.</b> Day <b>13</b> Year <b>1957</b>  |   |  |   |  |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>9 June 1889</b>  |   | 9. AGE (In years last birthday) <b>67</b>  |   | IF UNDER 1 YEAR<br>Months _____ Days _____ Hours _____ Mins. _____ |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |                                  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b>   |   | 11. BIRTHPLACE (City and state or country)<br><b>Missouri 0</b>               |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |  |  |
| 13. FATHER'S NAME<br><b>Horace T. Smith</b>  |                                  |   |  | 14. MOTHER'S MAIDEN NAME<br><b>Florence Zigler</b>  |   |  |   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>No</b>  |  | 17. INFORMANT<br><b>Hospital Records</b> Address _____  |   |  |   |  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Myocardial infarction</b>  |                                  |   |  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 weeks</b>  |  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |                                  |   |  |   |   |  |   |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)<br><b>4201</b>  |                                  |   |  |   |   |  | 19. WAS AUTOPSY PERFORMED?<br>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.)<br><b>0</b> |   |   |  |   |  |  |
| 20c. TIME OF INJURY<br>Hour _____ Month _____ Day _____ Year _____<br>a. m. _____ p. m. _____  |                                  |   |  |   |   |  |   |  |  |
| 20d. INJURY OCCURRED WHILE AT <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 <b>Jan 31, 1957</b> to <b>Feb 13, 1957</b> and last saw <b>her</b> alive on <b>Feb 13, 1957</b><br>Death occurred at <b>11:50 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |   |   |  |   |  |  |
| 22a. SIGNATURE (Degree or title)<br><b>W. Dean Cunningham, M.D.</b>  |                                  |   |  | 22b. ADDRESS<br><b>Springfield, Missouri</b>  |   | 22c. DATE SIGNED<br><b>2-15-57</b>   |   |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 23b. DATE<br><b>2-16-57</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Hazelwood Cemetery</b>  |   | 23d. LOCATION (City, town, or county) (State)<br><b>Springfield, Missouri</b> |  |   |  |  |
| 24. FUNERAL DIRECTOR<br><b>J. Klingner &amp; Co.</b> ADDRESS <b>Spgrd. Mo.</b>   |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><b>2-15-57</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>Edna Williamson</b>                           |  |   |  |  |

**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 *Glen S. Williams*.....

Licensed Embalmer No. *46*

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.