

FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4345

STATE FILE NUMBER

 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 161-B

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>GREENE</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SPRINGFIELD, MO</u>		a. STATE <u>MO</u>		b. COUNTY <u>WRIGHT</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BAPTIST Hosp.</u>		Length of stay in lb <u>2 weeks</u>		c. CITY OR TOWN <u>HARTVILLE</u> <u>1140</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>SYLVIA</u>		Middle <u>ELIZABETH</u>		Last <u>LUNG</u>		Month <u>2</u> - Day <u>12</u> - Year <u>37</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11/3/1893</u>		9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and state or country) <u>WRIGHT Co. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13. FATHER'S NAME <u>Will Holdcroft</u>				14. MOTHER'S MAIDEN NAME <u>VESTA Lee</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMATION Address <u>BAPTIST RECORDS Hospital Springfield</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cholangitis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <u>Acute Cholecystitis</u> <u>1 mo</u>	
						DUE TO (c) <u>Cholelithiasis, Common Bile Duct</u> <u>1 mo</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						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.) <u>584K</u>				
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>							
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 <u>1-4-57</u> to <u>2-12-57</u> and last saw her alive on <u>2-12-57</u> Death occurred at <u>2:30 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Reshley M.D.</u>				22b. ADDRESS <u>Springfield Mo</u>		22c. DATE SIGNED <u>2-19-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>2/14/57</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Little Creek</u>		23d. LOCATION (City, town, or county) (State) <u>WRIGHT Co. MO</u>		
24. FUNERAL DIRECTOR ADDRESS <u>John S Simpson Hartsville Mo</u>			25. DATE RECD. BY LOCAL REG. <u>2-20-57</u>		26. REGISTRAR'S SIGNATURE <u>Earle Williamson</u>		

(Licensed Embalmer's Statement on Reverse Side)

Health, welfare, public affairs, etc.

00-56

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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. Barber* .....  
Licensed Embalmer No. *381*

P. O. Address *W. H. Barber*

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.