

FILED MAR 11 1957

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

4377

STATE FILE NUMBER

 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 210

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</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Springfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1705 W. Olive</u>		Length of stay in 1b <u>50 years</u>		d. STREET ADDRESS (If outside, give location) <u>1705 W. Olive</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>CLELLA</u> Middle <u>PILKINGTON</u> Last <u>SILER</u>				Month <u>March</u> Day <u>2</u> Year <u>1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept 16, 1883</u>	
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</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>Own Home</u>	
11. BIRTHPLACE (City and state or country) <u>Seymour, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>A. C. Pilkington</u>		14. MOTHER'S MAIDEN NAME <u>M. E. Alsop</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. INFORMANT <u>Herman Siler, Springfield, Missouri</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>Cancer of colon (cecum)</u> DUE TO (b) <u>with generalized</u> DUE TO (c) <u>metastases</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						INTERVAL BETWEEN ONSET AND DEATH <u>8 mos</u>	
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>1</u>	
20c. TIME OF INJURY Hour <u>1:30</u> Month, Day, Year <u>12/13/56</u> a. m. 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 <u>Springfield Mo</u> COUNTY STATE	
21. I attended the deceased from <u>12/13/56</u> to <u>3/2/57</u> and last saw ^(not) alive on <u>3/2/57</u> Death occurred at <u>1:30 a.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Chas E Lockhart MD</u>				22b. ADDRESS <u>Springfield Mo</u>		22c. DATE SIGNED <u>3/5/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>March 5, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>White Oak Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Near, Rogersville, Missouri</u>	
24. FUNERAL DIRECTOR <u>Jewell E. Windle</u> ADDRESS <u>B.W. Springfield, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>3-6-57</u>		26. REGISTRAR'S SIGNATURE <u>Earl W. Williams</u>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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

 alth,
 Welfare
 Public
 Service
300
-56

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 *Bernard F. W...*

Licensed Embalmer No. *42...*

P. O. Address *Spring...*

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.