

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4389

FILED MAR 4 1957

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 185-A

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Greene		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield ⁰³⁹⁶ ₀		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1353 E. Grand		Length of stay in lb 20 yrs.	d. STREET ADDRESS 1353 E. Grand (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) ADA ELVIRA VERNSON			First ADA	Middle ELVIRA	Last VERNSON
4. DATE OF DEATH Feb. 20, 1957	Month Feb.	Day 20	Year 1957	5. SEX Female	6. COLOR OR RACE White
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input checked="" type="checkbox"/> 2	DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 25, 1881	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 2 Days 0 Hours 0 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) Blue Rapids, Kansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME DeForest Peck			14. MOTHER'S MAIDEN NAME Elvira O'Hara		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Orel Powell 1353 E. Grand Address Springfield, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary insufficiency, acute DUE TO (b) arteriosclerotic heart disease DUE TO (c) Diabetes mellites PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 260X					INTERVAL BETWEEN ONSET AND DEATH Instant Several years Several years
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.) 2			
20c. TIME OF INJURY Hour 2:00 Month June Day 1955 Year 1955 a. m. P. 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 Springfield, Mo		COUNTY Greene
20g. STATE Mo.		20h. COUNTY Greene			
21. I attended the deceased from June 1955 to Feb. 20, 1957 and last saw her alive on about Sept '56 Death occurred at 2:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Don J. Silsby M.D. (Degree or title)			22b. ADDRESS Springfield, Mo		22c. DATE SIGNED 2-21-57
23a. BURIAL, CREMATION, REINTERMENT (City) Burial	23b. DATE Feb. 23, 1957	23c. NAME OF CEMETERY OR CREMATORY Blue Rapids		23d. LOCATION (City, town, or county) (State) N.W. of Blue Rapids, Kansas	
24. FUNERAL DIRECTOR Ralph Thieme		ADDRESS Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 2-25-57	26. REGISTRAR'S SIGNATURE <i>Edith Williamson</i>	

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare, Public Service
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 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or signs of disease.

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 *Lee Mason*

Licensed Embalmer No. 4568

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.