

Dr. Colloway Jr.

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED MAR 18 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 224-E

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Greene				a. STATE Missouri		b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only)		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hosp.		Length of stay in 1b 73 Yrs.		d. STREET ADDRESS 664 S. Dollison		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print):				4. DATE OF DEATH			
First GEORGE		Middle SHIRLEY		Last BRICKEN		Month March Day 7 Year 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 15 1883	
9. AGE (In years last birthday) 73		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) Retired			10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and state or country) Carrolton, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Bricken				14. MOTHER'S MAIDEN NAME Henrietta Shirley			
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. ?		17. INFORMANT Address Mrs. Bertha Bricken 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) Pneumonitis, acute DUE TO (b) Diabetes Mellitus DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arthritis Rheumatoid							INTERVAL BETWEEN ONSET AND DEATH 1 month 5 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.)				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ 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		COUNTY STATE	
21. I attended the deceased from Jan 15, 57 to Mar 7, 57 and last saw him alive on Mar 7, 57 Death occurred at 8:40 p. m. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE E. O. Callaway, Jr. (Degree or title)				22b. ADDRESS Mo. Springfield, Mo		22c. DATE SIGNED Mar 8, 57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 3/9/57		23c. NAME OF CEMETERY OR CREMATORY Hazelwood		23d. LOCATION (City, town, or county) (State) Springfield, Mo.	
24. FUNERAL DIRECTOR ADDRESS H.H. Lohmeyer Springfield, Mo.			25. DATE RECD. BY LOCAL REG. 3-12-57		26. REGISTRAR'S SIGNATURE Edith Williamson		

(Licensed Embalmer's Statement on Reverse Side)

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Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc., must use only stamper and momentary notation to certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

APR 1 1958

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 *Paul Schmitz*

Licensed Embalmer No. *47*

P. O. Address *Spfd*

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.