

FILED APR 8 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

8254

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 330

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri 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 Pleasant Hope 0390 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital		Length of stay in lb 1 Wk.	
d. STREET ADDRESS None		(If outside, give location) Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First EUNICE Middle JOSEPHINE Last CRUSE			4. DATE OF DEATH Month April Day 3 Year 1957
5. SEX Female	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 12 Sept. 1894
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
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) Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Charley Kowley	
14. MOTHER'S MAIDEN NAME Graves		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. N		17. INFORMANT Hospital Records	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Reticulum cell lympho-sarcoma DUE TO (b) of small bowel with generalized DUE TO (c) intra abdominal metastasis 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 (n) 3/28/57 surgical exploration and diagnosis.			INTERVAL BETWEEN ONSET AND DEATH 1 Mo.
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.) 2000		20c. TIME OF INJURY Hour 4:10 Month, Day, Year Mar 26, '57	
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.) Springfield, Missouri	
20f. CITY, TOWN, OR LOCATION Springfield, Missouri		COUNTY Greene STATE Missouri	
21. I attended the deceased from Mar 26, '57 to Apr 3, '57 and last saw her alive on Apr 3, '57 Death occurred at 4:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Don J. Sibley M.D.		22b. ADDRESS 609 Cherry Springfield, Missouri	
22c. DATE SIGNED 4-5-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 4-6-57		23c. NAME OF CEMETERY OR CREMATORY Greenlawn	
23d. LOCATION (City, town, or county) (State) Springfield, Mo.		24. FUNERAL DIRECTOR J.W. Kingner + Co. Spgfd. Mo.	
25. DATE RECD. BY LOCAL REG. 4-5-57		25. REGISTRAR'S SIGNATURE Earl Williamson	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must list only standard nomenclature.

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 *Allen S. Williams*

Licensed Embalmer No. *46*

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.