

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8359

STATE FILE NUMBER

FILED MAR 25 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 257

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <i>Greene</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	a. STATE <i>Missouri</i>	b. COUNTY <i>Wallas</i>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Springfield</i>		c. CITY OR TOWN <i>Long Lane 30</i>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Burge Hosp.</i>	Length of stay in lb —	d. STREET ADDRESS (If outside, give location) <i>R.F.D.</i>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
<i>Flora Alice Smith</i>			<i>March 17, 1957</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April 4, 1905</i>	9. AGE (In years last birthday) <i>51</i>	10. CITIZEN OF WHAT COUNTRY? <i>USA</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>own house</i>	11. BIRTHPLACE (City and state or county) <i>Wallas County, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Green Williams</i>			14. MOTHER'S MAIDEN NAME <i>Arminda Slack</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. —	17. INFORMANT <i>Charles Smith</i> Address <i>Long Lane, Mo.</i>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral edema</i>		<i>12 hrs</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Brain tumor, glioma, left frontal</i>	<i>1 month</i>
	DUE TO (c)	
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.)	
20c. TIME OF INJURY Hour <i>5</i> Month <i>3</i> Day <i>17</i> Year <i>1957</i> 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 <i>3/15/57</i> to <i>3/17/57</i> and last saw her alive on <i>3/17/57</i> Death occurred at <i>5 o'clock</i> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <i>H. J. McAlhany, M.D.</i>	22b. ADDRESS <i>401 Prof. Bldg. Springfield, Mo.</i>	22c. DATE SIGNED <i>3/19/57</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>3-17-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lakewood</i>	23d. LOCATION (City, town, or county) (State) <i>Bullala, Mo.</i>
24. FUNERAL DIRECTOR <i>Jones of Bullala, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>3-20-57</i>	26. REGISTRAR'S SIGNATURE <i>Edith Williams</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Social, marital, etc. must use only standard form. Carer cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.....

working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Gene C. Hunt*

Licensed Embalmer No. *47*

P. O. Address *Buffalo*

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.