

Health,
& Welfare
Public
Service

300
1-56

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. Securing the medical certificate in the specific manner...

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 29 1957

STANDARD CERTIFICATE OF DEATH

12273
STATE FILE NUMBER
12273
357-B

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 357-B

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Christian			
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 Clever		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.		Length of stay in lb 3 days		d. STREET ADDRESS (If outside, give location) No Street Address		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LILLIE Middle CORA Last DEAN				4. DATE OF DEATH Month April Day 10 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"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 5, 1877		9. AGE (In years last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY - - - -		11. BIRTHPLACE (City and state or country) Fayetteville, Arkansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME William Morrison				14. MOTHER'S MAIDEN NAME Julia Gibson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Flora Parsons, Nixa, 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) Cerebral Hemorrhage a/o embolism						INTERVAL BETWEEN ONSET AND DEATH 72 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease						Unknown	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 443x						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 _____ Month, Day, Year a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT <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 4-7-57 to 4-10-57 and last saw her alive on 4-10-57 Death occurred at 3:55 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Paul C. Schaefer M.D.				22b. ADDRESS 805 Woodruff Bldg. Springfield, Missouri		22c. DATE SIGNED 4-19-57	
23a. BURIAL (Specify) Burial		23b. DATE 4/13/1957	23c. NAME OF CEMETERY OR CREMATORY Little Cemetery		23d. LOCATION (City, town, or county) (State) Clever, Missouri		
24. FUNERAL DIRECTOR J. Alan Harris			ADDRESS Clever, Mo.		25. DATE RECD. BY LOCAL REG. 4-23-57		26. REGISTRAR'S SIGNATURE Arthur W. Williams

(Licensed Embalmer's Statement on Reverse Side)

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 *J. Mean Harris*

Licensed Embalmer No. *4390*

P. O. Address *Clever, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure 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.