

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12838
STATE FILE NUMBER

FILED APR 22 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 358-B

Health,
& Welfare
Public
Service

S. 300
Y. 1-56

ALL INFORMATION ON THIS CERTIFICATE IS TO BE PRINTED IN BLOCK CAPITAL LETTERS UNLESS OTHERWISE SPECIFIED.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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		c. CITY OR TOWN Springfield 396	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Handley		Length of stay in lb 30 yrs	
d. STREET ADDRESS 1011 E Mc Daniel St		Reside on Form <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. NAME OF DECEASED (Type or print) First NOBBIE Middle T Last SMALL		4. DATE OF DEATH Month 4 Day 11 Year 57	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-20-1915
9. AGE (In years last birthday) 42		IF UNDER 1 YEAR Months 42 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Longview Texas		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Hilliard Duffie		14. MOTHER'S MAIDEN NAME Virginia Jones	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 6706	
17. INFORMANT Wm Small		Address 1011 E McDaniel St.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism DUE TO (b) Placenta Praevia 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)			INTERVAL BETWEEN ONSET AND DEATH
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 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 Oct. 1956 to Apr. 11, 1957 and last saw her alive on Apr. 11, 1957 Death occurred at 2:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Leman D. Brown M.D.		22b. ADDRESS 311 1/2 College	
22c. DATE SIGNED 4/13/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-15-57	
23c. NAME OF CEMETERY OR CREMATORY Lincoln Memorial		23d. LOCATION (City, town, or county) Springfield (State) Mo.	
24. FUNERAL DIRECTOR H.V. Smith		25. DATE RECD. BY LOCAL REG. 4-15-57	
ADDRESS 602 N. Jefferson		26. REGISTRAR'S SIGNATURE Eartha Williamson	

(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 *Herbert V. Smith*

Licensed Embalmer No. *428*

P. O. Address *Springfield*

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.