

Dr. Wakeman

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20775

STATE FILE NUMBER

FILED JUL 8 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 594

1. PLACE OF DEATH a. COUNTY <b>Greene</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1918 S. Hampton</b>		Length of stay in lb <b>1 Yr.</b>	d. STREET ADDRESS (If outside, give location) <b>1918 S. Hampton</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>MIRIAM</b> Middle <b>SIMPSON</b> Last <b>SIMPSON</b>			4. DATE OF DEATH Month <b>July</b> Day <b>4</b> Year <b>1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Feb. 18 1873</b>	9. AGE (In years last birthday) <b>84</b>
IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Ebensburg, Pa.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>William H. Schhler</b>			14. MOTHER'S MAIDEN NAME <b>Margaret Lloyd</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT Address <b>Mrs. H.C. McPheeters Spfld, Mo.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Broncho Pneumonia</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arteriosclerosis Sere</b>	DUE TO (c) <b>Senility</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>4500</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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 <b>Springfield Mo</b>		STATE <b>Mo</b>
21. I attended the deceased from <b>June '57</b> to <b>July 4 1957</b> and last saw her alive on <b>7-3-57</b> Death occurred at <b>3:40 a.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>J. Newton Wakeman MD.</b>			22b. ADDRESS <b>Springfield Mo</b>		22c. DATE SIGNED <b>7-5-57</b>
23a. FUNERAL CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>7/7/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Buffalo, N.Y.</b>		23d. LOCATION (City, town, or county) (State) <b>Buffalo, N.Y.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>H.H. Lohmeyer Springfield, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-5-57</b>		26. REGISTRAR'S SIGNATURE <b>Edw. Williamson</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All

(Licensed Embalmer's Statement on Reverse Side)

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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 *Gene L. Smiley*.....

Licensed Embalmer No. *111*

P. O. Address *Spfel*

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.