

FILED SEP 9 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28003

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 855

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 checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Springfield</b>		Inside Limits 03940 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BURGE</b>			Length of stay in lb <b>16 yrs.</b>		d. STREET ADDRESS (If outside, give location) <b>.423 S. Lexington</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>AURILLA</b> Middle <b>MELINDA</b> Last <b>FINLEY</b>				4. DATE OF DEATH Month <b>Aug.</b> Day <b>31</b> Year <b>1957</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Feb 28 1894</b>		9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Eureka Spgs. Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13. FATHER'S NAME <b>George W. Dudley</b>				14. MOTHER'S MAIDEN NAME <b>Sarah Donley</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>James Finley, Mexico, Missouri</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>Cerebro-Vascular Accident</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>acute myocardial infarction</b> DUE TO (c) <b>Hypertensive Cardiovascular Disease</b> 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 <b>4 days</b> <b>4 days</b> <b>at least 10 yrs</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</b>		COUNTY <b>Greene</b>	STATE <b>Missouri</b>
21. I attended the deceased from <b>3-4-55</b> to <b>8-31-57</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>8-31-57</b> Death occurred at <b>7:30 a</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>H. H. Lurie, M. D.</b> (Degree or title)				22b. ADDRESS <b>609 Cherry</b>		22c. DATE SIGNED <b>9-4-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Sept. 3 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hoke Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Joplin, Missouri</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Ayre-Goodwin Springfield, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>9-5-57</b>		26. REGISTRAR'S SIGNATURE <i>Edith Wellman</i>		

(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

health, Welfare Public Service

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

MAY 13 1958

JAN 20 1958

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 *Harry [Signature]*  
Licensed Embalmer No. 4594

P. O. Address Springfield

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.