

Health, Welfare, Public Service

FILED AUG 26 1957

STANDARD CERTIFICATE OF DEATH

28035

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 825

1. PLACE OF DEATH a. COUNTY Greene b. CITY Springfield c. FULL NAME OF HOSPITAL OR INSTITUTION St John's Hosp. 2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Greene c. CITY Springfield d. STREET ADDRESS 1124 East Elm

3. NAME OF DECEASED (Type or print) First ADELAIDE Middle CHRISTESON Last MILES 4. DATE OF DEATH August 18, 1957

5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH January 13, 1888 9. AGE 69

10a. USUAL OCCUPATION Housewife 10b. KIND OF BUSINESS OR INDUSTRY Own Home 11. BIRTHPLACE Wayneville, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Christeson 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Fred Miles

15. WAS DECEASED EVER IN U. S. ARMED FORCES? no 16. SOCIAL SECURITY NO. none 17. INFORMANT Fred Miles, Springfield, Missouri Address 1124 E. Elm

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of colon with generalized metastases. DUE TO (b) with generalized metastases. DUE TO (c) metastases. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 153X 19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 12/9/56 to 8/18/57 and last saw (her/him) alive on 8/18/57 Death occurred at 3:00 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Chas & Lockhart MD (Degree or title) 22b. ADDRESS 609 Cherry Springfield, Mo. 22c. DATE SIGNED 8/19/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Aug. 20, 1957 23c. NAME OF CEMETERY OR CREMATORY Greenlawn 23d. LOCATION (City, town, or county) (State) Springfield, Missouri

24. FUNERAL DIRECTOR Jewell E. Windle Bw ADDRESS Springfield, Mo. 25. DATE RECD. BY LOCAL REG. 8-21-57 26. REGISTRAR'S SIGNATURE Fred Williamson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Bernard F. Wright*

Licensed Embalmer No. *4293*

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.