

with, Welfare public service

FILED SEP 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31458

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 882-A

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY DADE	
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 EVERTON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BAPTIST HOSPITAL		Length of stay in 1b 1 day	d. STREET ADDRESS (If outside, give location) 5 miles S. W.
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	

First JESSIE	Middle GRACE	Last MALLORY	Month September	Day 8	Year 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 8, 1893		9. AGE (In years last birthday) 64

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Dade County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jesse Tompson	13b. MOTHER'S MAIDEN NAME Phoebe Games	14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 495-40-6007	17. INFORMANT Elzie Mallory	Address Everton, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Saddle embolus - Iliac arteries		1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Auricular Fibrillation	25 years
	DUE TO (c) (?) Heart Disease - ? Hypothyroid heart.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypothyroidism		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 Springfield, Missouri	COUNTY Dade	STATE Missouri
21. I attended the deceased from Aug 27 '57 to Sept 8 '57 and last saw ^{her} him alive on Sept 8 '57 Death occurred at 2:00 p m on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE .. <i>Ray D. Callaway MD</i> (Degree or title)	22b. ADDRESS Springfield, Missouri	22c. DATE SIGNED 9/21/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 10, 1957	23c. NAME OF CEMETERY OR CREMATORY Antioch	23d. LOCATION (City, town, or county) (State) Dade County, Missouri
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24. FUNERAL DIRECTOR Allison F. Home, Greenfield, Missouri	ADDRESS	25. DATE RECD. BY LOCAL REG. 9-23-57	26. REGISTRAR'S SIGNATURE <i>Emmett Williamson</i>
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(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 *W.R. Allison*

Licensed Embalmer No. *4404*

P. O. Address *Greenfield*

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.