Health, Welfare Public Service

300 D
-57

FILED OCT 7 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 31473

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 943

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN Springfield — Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION Baptist Hospital — Length of stay in 1b 44 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield 0396 — Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) 2547 East Avenue — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First CHRISTIE Middle E. Last PERMAR

4. DATE OF DEATH Month Sept. Day 29, Year 1957

5. SEX Female
6. COLOR OR RACE White
7. MARRIED NEVER MARRIED WIDOWED X DIVORCED
8. DATE OF BIRTH 30 May 1904
9. AGE (In years last birthday) 53 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Edward B. Harris
13b. MOTHER'S MAIDEN NAME Mary Ellen Steele
14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT Hospital Records Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary Insufficiency
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) For advanced Coronary Sclerosis
DUE TO (c) Arteriosclerosis generalized
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) —
4201

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES X 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 a.m. p.m. Month, Day, Year —
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 28 Sept 57, to 29 Sept 57 and last saw her him alive on 29 Sept 57
Death occurred at 2:45 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Stanley S. Peterson (Degree or title) M.D.
22b. ADDRESS Springfield, Missouri
22c. DATE SIGNED 9-29-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-2-57
23c. NAME OF CEMETERY OR CREMATORY National Cemetery
23d. LOCATION (City, town, or county) (State) Springfield, Missouri

24. FUNERAL DIRECTOR J.W. Keingner & Co. ADDRESS Spgfd. Mo.
25. DATE RECD. BY LOCAL REG. 10-2-57
26. REGISTRAR'S SIGNATURE Earth Williamson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Ogle Stone Jr.

Licensed Embalmer No. 4476

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.