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FILED OCT 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31503
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 940-A

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: City Hospital — Length of stay in Ib: 9 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Springfield — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS: 738 W. Olive (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Mary Middle: Manerva Last: Suggs

4. DATE OF DEATH: Month 9 Day 27 Year 1957

5. SEX: Female **6. COLOR OR RACE**: White **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH: 1-12-1876 **9. AGE** (In years last birthday): 81 — IF UNDER 1 YEAR: Months 8, Days 15; 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:
11. BIRTHPLACE (City and state or country): Gassville, Ark.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Miles Lamb
14. MOTHER'S MAIDEN NAME: Tabetha Emeline White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT Address: Ben H. Lamb Gassville, Ark.

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): Fract. L.F. Femur - Neck
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 9040
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Anemia 21
INTERVAL BETWEEN ONSET AND DEATH:
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): Fell at Home 133
20c. TIME OF INJURY: Hour 7 a.m. p.m. Month, Day, Year: July 24, 1957
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.): Home
20f. CITY, TOWN, OR LOCATION COUNTY STATE: Springfield Greene Co. Mo.

21. I attended the deceased from 7-31-57, to 9-27-57 and last saw her alive on 9-25-57
Death occurred at 12:05 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Joseph N. Wells (Degree or title) MD **22b. ADDRESS**: Springfield, Mo. **22c. DATE SIGNED**: 10-2-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal **23b. DATE**: 9-27-1957 **23c. NAME OF CEMETERY OR CREMATORY**: Whiteville Cemetery **23d. LOCATION** (City, town, or county) (State): Baxter County, Ark.

24. FUNERAL DIRECTOR: Bob Young Mtn. Home, Ark. **ADDRESS**
25. DATE RECD. BY LOCAL REG.: 10-8-57 **26. REGISTRAR'S SIGNATURE**: Grace Williamson

(Licensed Embalmer's Statement on Reverse Side)

Doctor, 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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed B. J. Young.....

Licensed Embalmer No 1077..

P. O. Address Mtn. Home, C

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.