

pt. Health,  
c. & Welfare  
S. Public  
alth Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39972

STATE FILE NUMBER

FRED NOV 18 1957  
FILED NOV 18 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1098

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Springfield</b>   |  | c. CITY OR TOWN <b>West Plains</b>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Mercy Hosp.</b>   |  | d. STREET ADDRESS (If outside, give location)<br><b>120 W. Cleveland</b>  |  |
| 3. NAME OF DECEASED<br>(Type or print) <b>SADIE</b>   |  | 4. DATE OF DEATH <b>Nov. 10 1957</b>  |  |
| 5. SEX <b>Female</b>  |  | 6. COLOR OR RACE <b>White</b>   |  |
| 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>   |  | 8. DATE OF BIRTH <b>May 1873</b>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Home</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>Unknown</b>  |  |
| 13a. FATHER'S NAME<br><b>Unknown</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>George Malmes (Dec.)</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, or No unknown) (If yes, give war or dates of service)<br><b>No</b>  |  | 17. INFORMANT<br><b>Hospital Records</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Arterio-sclerotic Heart Disease</b>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>year</b>   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Arterio-sclerotic-generalized</b>   |  |   |  |
| DUE TO (c) _____  |  |   |  |
| PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |  | 19. WAS AUTOPSY PERFORMED?<br>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.)<br><b>4200</b>                               |  |
| 20c. TIME OF INJURY<br>Hour _____ Month, Day, Year<br>a.m. _____ p.m. _____   |  |   |  |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>   |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| 21. I attended the deceased from <b>July 25-57</b> to <b>Nov 10, 57</b> and last saw her alive on <b>Sept 29, 1957</b><br>Death occurred at <b>4:15 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated. |  |   |  |
| 22a. SIGNATURE<br><b>Johnnie J. M. D.</b>   |  | 22b. ADDRESS<br><b>Springfield, Mo</b>  |  |
| 22c. DATE SIGNED<br><b>11/11/57</b>   |  |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |  | 23b. DATE<br><b>11/11/57</b>  |  |
| 23c. NAME OF CEMETERY OR CREMATORY  |  | 23d. LOCATION (City, town, or county) (State)<br><b>West Plains, Mo.</b>  |  |
| 24. FUNERAL DIRECTOR<br><b>H.H. Lohmeyer</b>  |  | 25. DATE RECD. BY LOCAL REG.<br><b>11-12-57</b>   |  |
| ADDRESS<br><b>Springfield, Mo</b>   |  | 26. REGISTRAR'S SIGNATURE<br><b>Edith Williams</b>  |  |

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *H. L. Mc Cann* .....

Licensed Embalmer No. *2727* .....

P. O. Address *Springfield Va* .....

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.