

FILED NOV 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39985

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1088Health,
& Welfare
Public
Health ServiceS. 300
1-57

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 833. W. Turner		Length of stay in 1b 3 months	d. STREET ADDRESS (If outside, give location) 833 W. Turner		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First BERTHA Middle FERGUSON Last PARNELL			4. DATE OF DEATH Month Nov. Day 8, Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 13, 1875		9. AGE (In years birth day) 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY In Home	11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME T.J. Loftiss		13b. MOTHER'S MAIDEN NAME Ann Cartwright		14. NAME OF HUSBAND OR WIFE Widow	
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. 359-20-6003A		17. INFORMANT Address Mrs. Ruth Luttrell Spfld. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer Omatosis					INTERVAL BETWEEN ONSET AND DEATH 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Canceroma of uterus.					2 yrs
DUE TO (c) 174X					
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? 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 (a.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 6-6-57 to 11-8-57 and last saw her alive on 11-8-57 Death occurred at 8:05 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Paul O. Martin (Degree or title) M.D.			22b. ADDRESS Springfield, Mo.		22c. DATE SIGNED 11-8-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-11-57	23c. NAME OF CEMETERY OR CREMATORY Willow Springs		23d. LOCATION (City, town, or county) (State) Willow Springs, Mo.
24. REGISTRAR'S ADDRESS Spfld. Mo.			25. DATE RECD. BY LOCAL REG. 11-11-57	26. REGISTRAR'S SIGNATURE Edith Williamson	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

MS SEPT 7 1956

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 *Max Rhodes*

MA Licensed Embalmer No. *4071*
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.