

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
44077
1218

FILED DEC 30 1957

Registration District No. 128 Primary Registration District No. 2000

Registrar's No. 1218

V. S. 300
Rev. 1-57

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|--|----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Greene | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Missouri | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Aurora | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Hospital | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 415 Rock | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Edith Middle Farquhar Last FaMuller | | | 4. DATE OF DEATH Month Dec. Day 19, 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 September 3, 1899 | 9. AGE (In years last birthday) 58 | IF UNDER 1 YEAR Months Days 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) Kentucky | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME John Harris | | 13b. MOTHER'S MAIDEN NAME Ona Malone | | 14. NAME OF HUSBAND OR WIFE Deceased | |
| 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. | 17. INFORMANT Florence Gold Address Aurora | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Contusion + Crushed Chest | | | | | INTERVAL BETWEEN ONSET AND DEATH 30 minutes |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Auto accident | | | | | |
| 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input checked="" 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.) Automobile Accident | | | |
| 20c. TIME OF INJURY 5:30 p.m. 12-19-57 | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 166 | | 20f. CITY, TOWN, OR LOCATION Springfield COUNTY Greene STATE Mo. | |
| 21. I attended the deceased from 12-19-57 to 12-19-57 and last saw her/him alive on 12-19-57 Death occurred at 6:15 pm on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <i>Edith FaMuller</i> (Degree or title) Wife | | | 22b. ADDRESS Springfield Mo. | | 22c. DATE SIGNED 12-21-57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 12/22/57 | 23c. NAME OF CEMETERY OR CREMATORY Maple Park | | 23d. LOCATION (City, town, or county) (State) Aurora, Missouri |
| 24. FUNERAL DIRECTOR Marsh Funeral Home, Aurora, Mo. | | | 25. DATE RECD. BY LOCAL REG. 12-24-57 | | 26. REGISTRAR'S SIGNATURE <i>Wm. Williamson</i> |

Securing the medical certification in the specific manner required by 193.140 MoRS 1949.
 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 *Max L. Fossell*

Licensed Embalmer No. *4252*

P. O. Address *McVernon, Mo*

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.