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MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
All diseases in Part I must be causally related.

STANDARD CERTIFICATE OF DEATH

FILED JAN 27 1958

STATE FILE NO. 859

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <b>GREEN</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>DALLAS</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>SPRINGFIELD</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BURGE</b>		Length of stay in 1b <b>2 HRS</b>	d. STREET ADDRESS (If outside, give location) <b>SHERMAN TWP.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>SHERMAN</b> Middle <b>A</b> Last <b>ADMIRE</b>			4. DATE OF DEATH Month <b>1</b> Day <b>19</b> Year <b>1958</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>8-10-1892</b>	9. AGE (In years last birthday) <b>65</b>	IF FUNDER 1 YEAR Months <b>5</b> Days <b>2</b> Hours <b>—</b> Min. <b>—</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GENERAL FARMING CAMDEN Co Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>JAMES ADMIRE</b>		13b. MOTHER'S MAIDEN NAME <b>HANNAH DAWSON</b>		14. NAME OF HUSBAND OR WIFE <b>FAY ADMIRE</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WORLD WAR I</b>		16. SOCIAL SECURITY NO. <b>?</b>	17. INFORMANT <b>FAY ADMIRE</b> Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction 2 days</b> <b>Arteriosclerosis</b> <b>Coronary thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>4201</b> DUE TO (c) <b>2 years</b>					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in Part I (a) <b>Diabetes Mellitus history</b>					
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 <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>Jan 19, 58</b> to <b>Jan 19, 58</b> and last saw her alive on <b>Jan 19, 1958</b> Death occurred at <b>7:30 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>J. D. Callaway</b>			22b. ADDRESS <b>Springfield, Mo</b>		22c. DATE SIGNED <b>1/21/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>1-21-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>HOPE WELL CEM</b>		23d. LOCATION (City, town, or county) (State) <b>DALLAS CO. MO.</b>
24. FUNERAL DIRECTOR <b>L.B. JONES BUFFALO, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>1-23-58</b>		26. REGISTRAR'S SIGNATURE <b>Effie S. Melton</b>

(Licensed Embalmer's Statement on Reverse Side)

JAN 29 1958

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 me....., Student Embalmer No. 2..... working under my personal supervision.

Student ✓.....  
Signature of Student Embalmer

Signed R.E. Cheatham.....

Licensed Embalmer No. 3813.....  
P. O. Address Buffalo, me......

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.