Health, Welfare Public Service

300
1-57

D

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-005097
STATE FILE NUMBER

FILED FEB 24 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 166

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN Springfield — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Burge Hospital — Length of stay in Hospital: 5 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Fair Grove 6390 — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) RFD #2 — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: MINNIE Middle: Last: DARDEN

4. DATE OF DEATH Month Day Year: Feb. 17, 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 28 Nov. 1888
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months, Days; 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: Home
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: William Bass
13b. MOTHER'S MAIDEN NAME: Mary Akin
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Hospital Records Address

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pyelonephritis & uremia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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): Coronary heart disease 6000

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb 12, 1958 to 2-17-58 and last saw her/him alive on 2-17-58
Death occurred at 7:35 Pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D. Dean Cunningham, M.D.
22b. ADDRESS Spgfd. Med. Bldg. Springfield, Missouri
22c. DATE SIGNED 2-18-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-20-58
23c. NAME OF CEMETERY OR CREMATORY: Bass Chapel
23d. LOCATION (City, town, or county) (State): Greene County, Missouri

24. FUNERAL DIRECTOR: J. W. Klingner & Co. ADDRESS: Spgfd. Mo.
25. DATE RECD. BY LOCAL REG.: 2-18-58
26. REGISTRAR'S SIGNATURE: Effie B. Melton

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 14 1958

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

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 4176

P. O. Address .....

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.