Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI 83143-57

STANDARD CERTIFICATE OF DEATH

58-005142

STATE FILE NUMBER

FILED MAR 10 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 211

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 OR TOWN (If outside corporate limits, give TOWNSHIP only) Springfield — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Springfield — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) DOA-Burge Hosp. — Length of stay in 1b Life	d. STREET ADDRESS (If outside, give location) 3045 State — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Elbert Middle Franklin Last Mace		4. DATE OF DEATH Month Feb. Day 28, Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH Oct. 5,1957
9. AGE (In years last birthday) No	IF UNDER 1 YEAR Months 4 Days 23	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY ------	11. BIRTHPLACE (City and state or country) Springfield, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Elbert Jess Mace	13b. MOTHER'S MAIDEN NAME Vanda Bates	14. NAME OF HUSBAND OR WIFE -------	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -----	16. SOCIAL SECURITY NO. None	17. INFORMANT Elbert J. Mace — Address Springfield, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pneumonia, acute	6 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Malnutrition	4 months 23 days
DUE TO (c)	Hydronephrosis	4 months 23 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7573

19. WAS AUTOPSY PERFORMED? YES [X] 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 10-10-57, to 2-28-58 and last saw her/him alive on 2-22-58

Death occurred at 6:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) David D. Thomasson M.D.	22b. ADDRESS 1630 N Jefferson	22c. DATE SIGNED 3-4-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-1-1958	23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
23d. LOCATION (City, town, or county) (State) Springfield, Missouri		
24. FUNERAL DIRECTOR [signature] ADDRESS Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 3-4-58	26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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. 3312

P. O. Address Springfield, 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.