

Dr. Purcell

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013836

STATE FILE NUMBER

FILED APR 28 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 427

300
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 IOWA b. COUNTY CEDAR RAPIDS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CEDAR RAPIDS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Length of stay in 1b 15 DAYS	d. STREET ADDRESS (If outside, give location) 818 16th AVE. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ESTHER PEARL HAND			4. DATE OF DEATH Month Day Year April 20 1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 11 1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 56 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) CEDAR RAPIDS, IOWA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME ISAAC MARKHAM		13b. MOTHER'S MAIDEN NAME DELL HOAGSIN	14. NAME OF HUSBAND OR WIFE WALTER HAND
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. YES	17. INFORMANT Address WALTER HAND CEDAR RAPIDS, IOWA
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary embolism</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Atherosclerotic heart disease</u> DUE TO (c) <u>4200 F</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture of ribs + sternum</u>			INTERVAL BETWEEN ONSET AND DEATH <u>few weeks</u>
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.) <u>Car wreck</u>	
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 (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 _____ to <u>4-20-58</u> and last saw her alive on <u>4-19-58</u> Death occurred at <u>2:15 a.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Elmer M Purcell</u> (Degree or title)		22b. ADDRESS <u>0 M.D., 609 Cherry-Springfield, Mo.</u>	22c. DATE SIGNED <u>4-21-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>4/21/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LINWOOD CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>CEDAR RAPIDS, IOWA</u>
24. FUNERAL DIRECTOR <u>H.H. LOHMEYER</u> ADDRESS <u>SPRINGFIELD, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>4-22-58</u>	26. REGISTRAR'S SIGNATURE <u>Effie B. Melton</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Paul L. Loney*

Licensed Embalmer No. *4734*

P. O. Address *Spfld, 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.