

DR. PARK

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017801

STATE FILE NUMBER

FILED MAY 10 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 507

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD 0396	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		d. STREET ADDRESS (If outside, give location) 631 STATE	
3. NAME OF DECEASED (Type or print) First MIDDLE Last NELLIE ESTELLE ADAMS		4. DATE OF DEATH Month Day Year MAY 15 1958	
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 JULY 25 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) GREENE COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME JAMES PERMENTER	
14. MOTHER'S MAIDEN NAME ANNA ELIZA CAMP		15. NAME OF HUSBAND OR WIFE CLAUDE ADAMS (DEC.)	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. SOCIAL SECURITY NO. NO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Bulmonary Edema due to Left Ventricular Failure</i> DUE TO (b) <i>Myocardial Infarction due to Arteriosclerotic Coronary Thrombosis</i> DUE TO (c) <i>none</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>none</i>		INTERVAL BETWEEN ONSET AND DEATH 4201	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <i>none</i>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <i>none</i>		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 Death occurred at 5 A.M. to 9-5-52 and last saw her alive on 5/15/58 m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>W. H. Park, M.D.</i>	
22b. ADDRESS 609 Cherry, Springfield, MO		22c. DATE SIGNED 5/15/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5/17/58	23c. NAME OF CEMETERY OR CREMATORY GREENLAWN	23d. LOCATION (City, town, or county) SPRINGFIELD, MISSOURI
24. FUNERAL DIRECTOR H.H. LOHMEYER	25. DATE RECD. BY LOCAL REG. 5-16-58	26. REGISTRAR'S SIGNATURE <i>Effie G. Melton</i>	

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 *R. R. McCann*

Licensed Embalmer No. *2727*
P. O. Address *Springfield*

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.