

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018525
STATE FILE NUMBER

FILED MAY 23 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's 2211

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Nettleton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION QUEEN OF THE WORLD Length of stay in 1b 2 weeks		d. STREET ADDRESS 2911 HOLLY Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Gertha SPRINGER First Middle Last			4. DATE OF DEATH APRIL 26, 1958 Month Day Year		
5. SEX 3 FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/1/1896	9. AGE (In years last birthday) 62 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) House Work		10b. KIND OF BUSINESS OR INDUSTRY at Home	11. BIRTHPLACE (City and state or country) Nettleton, Miss.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Green Williams			14. MOTHER'S MAIDEN NAME Emerline Nichols		
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. none	17. INFORMANT Address CLARESE SHANNON 5820 Sate Line Rd.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmonary passive congestion & edema of brain Focal healed granulomas of apices of both lungs granulomatous replacement of adrenal glands. Enterocolitis, slight. Arteriosclerosis, slight. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH Prob. T.R.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Cardiac dilatation, moderate. Atrophy of brain passive		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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 8:40 A.M. Month April Day 20 Year 1958 a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <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 **April 20, 1958** to **April 26, 1958** and last saw her/him alive on **April 26, 1958**.
Death occurred at **8:40 A.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Royall B. Fleming (Degree or title)	22b. ADDRESS 1433 B-19th W	22c. DATE SIGNED 4-29-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/30/1958	23c. NAME OF CEMETERY OR CREMATORY Tupelo, Mississippi	23d. LOCATION (City, town, or county) (State) Tupelo, Mississippi
24. FUNERAL DIRECTOR ADDRESS Mrs. J. W. Jones 440 state ave. Kans.		25. DATE RECD. BY LOCAL REG. 4-30-58	26. REGISTRAR'S SIGNATURE Neve Minshall

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Royall B. Fleming



2 weeks

mi 2-6341

DL 1-9098

25

3/1/38

x

Emerline Nichols

at home

course book

Green Williams

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Engene Engler*
Licensed Embalmer No. *46*

P. O. Address *440 W. Ave*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.