

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021547
STATE FILE NUMBER

JUN 23 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 633

300
1-57

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SPRINGFIELD 0390
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2261 Prospect		Length of stay in 1b 6 Weeks	d. STREET ADDRESS (If outside, give location) RFD # 10
3. NAME OF DECEASED (Type or print) First Middle Last MARGARET EMERY			4. DATE OF DEATH Month Day Year June 18, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> I DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 13, 1872
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Oklahoma
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME (Unknown)	
13b. MOTHER'S MAIDEN NAME (Unknown)		14. NAME OF HUSBAND OR WIFE Sam Emery (deceased)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. unknown	17. INFORMANT Mrs. John Griffin Address 2261 Prospect Springfield, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Arterio-Sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) 331X			INTERVAL BETWEEN ONSET AND DEATH 3 Wks.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year 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 1-20-56 to June 18, 1958 and last saw her alive on June 3-58 Death occurred 12:40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Designate Title) Dr. Max Fitch, M.D.		22b. ADDRESS Springfield, Missouri	22c. DATE SIGNED 6-20-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 20, 1958	23c. NAME OF CEMETERY OR CREMATORY Robberson Prarie	23d. LOCATION (City, town, or county) (State) Greene, Missouri
24. FUNERAL DIRECTOR ADDRESS AYRE-GOODWIN, SPRINGFIELD, MO.		25. DATE RECD. BY LOCAL REG 6-20-58	26. REGISTRAR'S SIGNATURE Effie S. Melton

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 *Gene C. Hunter*

Licensed Embalmer No. *4939*

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.