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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025200
STATE FILE NUMBER

38457-577
FILED JUL 28 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 648A

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 0376
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 726 South Fremont
3. NAME OF DECEASED (Type or print) First SHERIL Middle LOUISE Last NALL			4. DATE OF DEATH Month June Day 20 Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 20, 1958
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY Child	9. AGE (In years last birthday) IF UNDER 1 YEAR Months 15 Days 31 IF UNDER 24 HRS. Hours 15 Min. 31
11a. BIRTHPLACE (City and state or country) Springfield, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Merle Nall		13b. MOTHER'S MAIDEN NAME Veral Louise White	
14. NAME OF HUSBAND OR WIFE --		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 Mrs. Merle Nall Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) congenital atelectasis DUE TO (b) prematurity DUE TO (c) premature separation of placenta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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 7:15 Month, Day, Year		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 June 20, 1958 to June 20, 1958 Death occurred at 11:45 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. B. Bombruby MD (Degree or title)		22b. ADDRESS 609 Cherry Springfield, Missouri	
22c. DATE SIGNED 7-19-58		23. NAME OF CEMETERY OR CREMATORY Cabool Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-20-58	23d. LOCATION (City, town, or county) (State) Cabool, Missouri
24. FUNERAL DIRECTOR Elliott-Gentry Fun. Home		25. DATE RECD. BY LOCAL REG. 7-21-58	26. REGISTRAR'S SIGNATURE Effie G. Melton

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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

no embalming

Signed

Licensed Embalmer No.....

P. O. Address.....

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.