

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036113

STATE FILE NUMBER

FILED OCT 27 1958

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1008

S. 300
7. 1-57

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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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence	
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 Mt. Vernon
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WZARK OSTEOPATHIC HOSPITAL		Length of stay in 1b 0550	d. STREET ADDRESS (If outside, give location) R. F. D. No. 1
3. NAME OF DECEASED (Type or print) First Middle Last Emma May Towers			4. DATE OF DEATH Month Day Year Oct. 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 May 11, 1900
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months Days Hours Min. 5 9	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 Home making	11. BIRTHPLACE (City and state or country) Lawrence County
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME J. M. Allan	
13b. MOTHER'S MAIDEN NAME Clarecy McCullough		14. NAME OF HUSBAND OR WIFE Ralph W. Towers	
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 Ralph W. Towers, Rt. # 1, Mt. Vernon, 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) Exanguination Spontaneous rupture of dissecting aortic aneurysm introrectro peritoneal space. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Advanced atherosclerosis. DUE TO (c) 451X			INTERVAL BETWEEN ONSET AND DEATH 18 Hrs. 18 Hrs.
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 <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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> 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 Oct. 19, 1958 to Oct. 20, 1958 and last saw her alive on Oct. 20, 1958 Death occurred at 6:20 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Edw. W. White</i>		22b. ADDRESS 700 E. Sunshine Springfield, Missouri	22c. DATE SIGNED 10/20/58
23a. BURIAL, CREMATION, REMOVAL (Specify) 10-22-58	23b. DATE 10-22-58	23c. NAME OF CEMETERY OR CREMATORY Lion Cemetery	23d. LOCATION (City, town, or county) (State) Mt. Vernon, Mo.
24. FUNERAL DIRECTOR Max Z. Funt		25. DATE RECD. BY LOCAL REG. 10-22-58	26. REGISTRAR'S SIGNATURE Effie E. Meeton

(Licensed Embalmer's Statement on Reverse Side)

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 *Way L. Forett*

Licensed Embalmer No. *4252*
P. O. Address *Mt Vernon, W*

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.