

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000983

STATE FILE NUMBER

FILED JAN 19 1959

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 51

300
-57

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield,</u>		c. CITY OR TOWN <u>Springfield,</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Springfield Baptist Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>1016 E. Grand</u>	
3. NAME OF DECEASED (Type or print) First <u>Minnie</u> Middle <u>B.</u> Last <u>Line</u>		4. DATE OF DEATH Month <u>January</u> Day <u>13</u> Year <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>September 7, 1874</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	9. AGE (In years last birthday) <u>84</u> IF UNDER 1 YEAR: Months <u>4</u> Days <u>6</u> Hours <u></u> Min. <u></u>
11. BIRTHPLACE (City and state or country) <u>Stockton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Lewis Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Helen Dunnigan</u>	
14. NAME OF HUSBAND OR WIFE <u>William R. Line</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT Address <u>Mrs. Leslie Turner Springfield, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>4200</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Mesenteric Thrombosis - Ileo Colicotomy 1-6-59</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>Unknown</u>
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.) <u>ITEM 25 CORRECTED</u> <u>BY AFFIDAVIT OF Registrar 1-30-59</u>	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>		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 <u>1-6-59</u> to <u>1-13-59</u> and last saw ^{her} _{him} alive on <u>1-13-59</u> Death occurred at <u>9:15 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>[Signature]</u>		22b. ADDRESS <u>Springfield Mo</u>	
22c. DATE SIGNED <u>1-14-59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Jan. 15, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood</u>	
23d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>		24. FUNERAL DIRECTOR ADDRESS <u>Samuel Schaefer 7. Home Springfield, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>1-14-59</u>		26. REGISTRAR'S SIGNATURE <u>Effie G. Melton</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

(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

L. Doan Gorman

Licensed Embalmer No. *3177*

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.