

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009109
STATE FILE NUMBER

FILED APR 14 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 359

1. PLACE OF DEATH a. COUNTY Green Co		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo COUNTY Christian Co	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Mo		c. CITY OR TOWN Ozark, Mo. RR 0220	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Johns Hospital		d. STREET ADDRESS (If outside, give location) Ozark, Mo RR	
3. NAME OF DECEASED (Type or print) First Anna Middle Mae Last Triem		4. DATE OF DEATH Month April Day 5 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 16/1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 78
11. BIRTHPLACE (City and state or country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Samuel Butler		13b. MOTHER'S MAIDEN NAME Millie Sweet	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go on, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs Bessie L Boorn, Schula, 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) BRAIN COMPRESSION			INTERVAL BETWEEN ONSET AND DEATH 8 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIOSCLEROSIS GENERAL (GENERAL CARDIAC, RENAL)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" 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.) AUTO ACCIDENT, 3/27/59.	
20c. TIME OF INJURY Hour Month, Day, Year a.m. 8:50 AM p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) 176 HWY 65	
20f. CITY, TOWN, OR LOCATION SOUTH OF SPRINGFIELD COUNTY GREENE STATE MO.			
21. I attended the deceased from 3/28/59 to 4/3/59 and last saw him alive on 4/3/59 . Death occurred at 10: P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Glenn O. T. ... M.D.		22b. ADDRESS Springfield, Mo.	
22c. DATE SIGNED 4/8/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/6/59	
23c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetry		23d. LOCATION (City, town, or county) (State) Springfield, Mo	
24. FUNERAL DIRECTOR R. B. Cheffin		25. DATE RECD. BY LOCAL REG. 4-10-59	
26. REGISTRAR'S SIGNATURE Effie S. Mellon			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Docuist, calculator, etc. must use only standard non-metric units in their work. NO symptoms written on reverse. All diseases in Part I must be causally related.

JUN 10 1959

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 *T. B. Chaffin*

Licensed Embalmer No. *2192*

P. O. Address *Ozark, Mo.*

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.