Health, & Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-012923
STATE FILE NUMBER

FILED MAY 4 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 405 A

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield 6396 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 853 S. Kings (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First GLADYS Middle KELLEY Last CALLTHARP

4. DATE OF DEATH Month April Day 18 Year 1959

5. SEX Female

6. COLOR OR RACE White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH May 4, 1907

9. AGE (In years last birthday) 51 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and state or country) Ordway, Colo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME T. J. C. Kelley

13b. MOTHER'S MAIDEN NAME Amma M. Belveal

14. NAME OF HUSBAND OR WIFE T. Lysle Calltharp

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO.

17. INFORMANT Address T. Lysle Calltharp, Springfield, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		Interval between onset and death
IMMEDIATE CAUSE (a)	Heart Failure	1 wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Chronic Intestinal Obstruction - Incomplete	4 mos.
DUE TO (c)	Generalized Abdominal Carcinomatosis	1 yr.
	Primary Liver Malignancy - Cholangioma	1½ yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 155C

19. WAS AUTOPSY PERFORMED? YES [✓] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [ ]

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 28 Jan. 1957, to 4/18/59 and last saw her/him alive on 4/18/59
Death occurred at 10:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. M. Kohze (Degree or title) M.D.

22b. ADDRESS Medical Arts Bldg. Springfield, Mo.

22c. DATE SIGNED 4-25-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 4/20/59

23c. NAME OF CEMETERY OR CREMATORY Hazelwood

23d. LOCATION (City, town, or county) (State) Springfield, Missouri

24. FUNERAL DIRECTOR ADDRESS Ralph Thieme, Springfield, Mo.

25. DATE RECD. BY LOCAL REG. 4-27-59

26. REGISTRAR'S SIGNATURE Effie E. Mellon

(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 .....Lee Mason.....

Licensed Embalmer No. 4568.....

P. O. Address ....Springfield, 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.