

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012926

STATE FILE NUMBER

FILED MAY 4 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 421

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Taylor Township Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Burge Hosp.		Length of stay in 1b 7 weeks	d. STREET ADDRESS (If outside, give location) Rogersville Rt. 3
3. NAME OF DECEASED (Type or print) First SANDRA Middle NADINE Last CHURCH		4. DATE OF DEATH Month April Day 24 Year 1959	
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 2 March 1959
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		9b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years) (last birthday) 0 F UNDER 1 YEAR Months 1 Days 22 IF UNDER 24 HRS. Hours Min.
10a. FATHER'S NAME Buster Church		10b. MOTHER'S MAIDEN NAME Vera Price	
11. BIRTHPLACE (City and state or country) Springfield, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Buster Church		14. NAME OF HUSBAND OR WIFE ----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Vera Church, Rt. 3, Rogersville, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, acute, hemorrhagic, and pulmonary edema. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Unknown (mixed bacterial infection found on culture) DUE TO (c) UNATTENDED BY A PHYSICIAN			INTERVAL BETWEEN ONSET AND DEATH unknown
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 _____, to _____ and last saw him _____ Death occurred at 1:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James R. Amos M.D. (Degree or title)		22b. ADDRESS Springfield, Mo.	22c. DATE SIGNED 4-28-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/28/59	23c. NAME OF CEMETERY OR CREMATORY East Lawn	23d. LOCATION (City, town, or county) (State) Springfield Mo.
24. FUNERAL DIRECTOR Ralph Thieme, 1200 Boyleville Ave., Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 4-28-59	26. REGISTRAR'S SIGNATURE Effie S. Melton

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 Harold Futrell, Student Embalmer No. 571 working under my personal supervision.

Student Harold Futrell
Signature of Student Embalmer

Signed Jo Mason

Licensed Embalmer No. 4562
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.