THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-017397
STATE FILE NUMBER

FILED MAY 18 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 466

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mercy Infirmary — Length of stay in Hospital 3 wks.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Webster
c. CITY OR TOWN Rogersville — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 1120 (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Lillie Middle Olive Last Rohler
4. DATE OF DEATH: Month May Day 7 Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: July 4, 1881
9. AGE (In years last birthday): 77 — 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): House wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Greene Co, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME: Jess Eddings
13b. MOTHER'S MAIDEN NAME: Holland
14. NAME OF HUSBAND OR ~~WIFE~~: Deceased.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mary Watts Address: Rogersville Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Asthma - pneumonia - generalized
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) 4580

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 April 17, 1959, to May 7, 1959 and last saw her alive on May 6, 1959
Death occurred at 2:40 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John Wilson (Degree or title)
22b. ADDRESS Springfield Mo
22c. DATE SIGNED 5-11-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 9, 1959
23c. NAME OF CEMETERY OR ~~CREMATORY~~: Rohler Cemetery
23d. LOCATION (City, town, or county) (State): Rogersville Rural, Missouri

24. FUNERAL DIRECTOR: D. C. Ferrell ADDRESS: Rogersville Mo
25. DATE RECD. BY LOCAL REG.: 5-11-59
26. REGISTRAR'S SIGNATURE: Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Alan G. Farrell

Licensed Embalmer No. 847

P. O. Address Mansfield, Md.

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.