

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028755

FILED VS SEP 8 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 911 STATE FILE NUMBER

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	Length of stay in 1b	c. CITY OR TOWN Springfield	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Ozark Osteopathic Hospital	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1756 E. Atlantic	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First MAUDE	Middle BLANCHE	Last MADDEN	Month August	Day 28, 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 19 March 1882	9. AGE (last birthday) 77
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) Eufaula, Oklahoma	12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Lowe	13b. MOTHER'S MAIDEN NAME Margaret Simpson	14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT Edward Madden Address Springfield, Missouri

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) Acute Circulatory failure	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) Cardiac Decompensation	
DUE TO (c) Pneumonitis and debilitation	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	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 8/22/59 to 8/28/59 and last saw ~~her~~ ^{him} live on 8/28/59
 death occurred at 11:07 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>D. F. Spaul</i> (D. O.)	22b. ADDRESS 234 1/2 E. Commercial Springfield, Missouri	22c. DATE SIGNED 8-29-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/31/59	23c. NAME OF CEMETERY OR CREMATORY National Cemetery
24. FUNERAL DIRECTOR Klingner Mortuary ADDRESS Springfield, Mo.		23d. LOCATION (City, town, or county) (State) Springfield, Missouri
25. DATE RECD. BY LOCAL REG. 8-31-59		26. REGISTRAR'S SIGNATURE <i>Effie S. Merton</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Max F. Hood

Licensed Embalmer No. 407

P. O. Address Spring

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.