# URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–031983

STATE FILE NUMBER

FILED VS SEP 28 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 999

NDED

| | |
|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Greene | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Greene |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Length of stay in 1b: 65 years | c. CITY OR TOWN Springfield — Inside Limits: Yes ☒ No ☐ |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital — Inside Limits: Yes ☒ No ☐ | d. STREET ADDRESS (If outside, give location) 1329 E. University — Reside on Farm: Yes ☐ No ☒ |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) | First: EDWIN | Middle: S. | Last: DANCEY | 4. DATE OF DEATH | Month: September | Day: 21 | Year: 1959 |
| 5. SEX: Male | 6. COLOR OR RACE: White | 7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐ | 8. DATE OF BIRTH: July 17, 1890 | 9. AGE (last birthday): 69 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HR: Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist | 10b. KIND OF BUSINESS OR INDUSTRY: Machine Shop | 11. BIRTHPLACE (City and state or country): Missouri Valley, Iowa | 12. CITIZEN OF WHAT COUNTRY: U.S.A. | | | | |
| 13a. FATHER'S NAME: Unknown | 13b. MOTHER'S MAIDEN NAME: Unknown | 14. NAME OF HUSBAND OR WIFE: --- | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: 493-36-9961 | 17. INFORMANT: Lorene Dancy, Springfield, Mo. | Address | | | | |

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Bronchogenic carcinoma left lung with metastasis to liver, mediastinum, right lung, ribs, and spinal chord. — INTERVAL BETWEEN ONSET AND DEATH: 8 mo.

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)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 19, 1959, to September 21, 1959 and last saw him alive on Sept. 21, 1959

Death occurred at 6:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John W. Park, MD M.D.

22b. ADDRESS 604 Med. Arts Bldg. Springfield, Mo.

22c. DATE SIGNED 9/23/59

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

23b. DATE: Sept 23, 1959

23c. NAME OF CEMETERY OR CREMATORY: Eastlawn Cemetery

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

24. FUNERAL DIRECTOR: Jewell E. Windle B.W. — ADDRESS: Springfield, Mo.

25. DATE RECD. BY LOCAL REG.: 9-25-59

26. REGISTRAR'S SIGNATURE: Effie S. Mellon

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

NOV 6 1959

MAR 1 1960

**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 Bernard F. Wrig

Licensed Embalmer No. 4293

P. O. Address Springfie

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