

FILED MAY 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 463

| | | | |
|---|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Wright</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Springfield</u> TOWN <u>Springfield</u> | | c. CITY OR TOWN <u>Macomb</u> <u>1140</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Baptist Hospital</u> | | Length of stay in lb <u>11 days</u> | |
| 3. NAME OF DECEASED (Type or print) <u>Myrtle Irene Findley</u> | | 4. DATE OF DEATH <u>May 17 1956</u> | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Jan. 1, 1904</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | |
| 11. BIRTHPLACE (City and state or country) <u>Norwood, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13. FATHER'S NAME <u>George E. Shores</u> | | 14. MOTHER'S MAIDEN NAME <u>Mattie Davidson</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | |
| 17. INFORMANT <u>George Findley</u> | | Address <u>Macomb, Mo.</u> | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypertensive Cardiovascular Renal Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Chronic Nephritis.</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u> <u>10 years</u> |
| 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 _____ a. m. _____ p. m. _____ | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION <u>Springfield, Mo</u> COUNTY <u>Wright</u> STATE <u>Mo.</u> | |
| 21. I attended the deceased from <u>Jan 2, 1956</u> to <u>May 11, 1956</u> and last saw her <u>alive</u> on <u>May 16, 1956</u> Death occurred at <u>5:50</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>H. Callaway Jr</u> (Degree or title) <u>MD.</u> | | 22b. ADDRESS <u>Springfield, Mo</u> | |
| 22c. DATE SIGNED <u>5/17/56</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | | 23b. DATE <u>May 17, 1956</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Findley</u> | | 23d. LOCATION (City, town, or county) (State) <u>Wright Co., Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>Bergman-Miller</u> ADDRESS <u>Mansfield, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>5-17-56</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Edith Williamson</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ayre - Loadwin
27466

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed... *Max L Miller*

Licensed Embalmer No. *4*

P. O. Address... *Manay*

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