

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021613

STATE FILE NUMBER

FILED JUL 14 1958

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 202

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Unknown			
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 Liberty		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D O A Burge			Length of stay in lb 1 day	d. STREET ADDRESS 412 N Gallatin St.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOEZORA Middle Last PRINCE				4. DATE OF DEATH Month July Day 8 Year 58			
5. SEX female	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct' 1 1917		9. AGE (In years last birthday) 40	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Liberty Mo'		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Alonzo Monroe				14. MOTHER'S MAIDEN NAME Amy Alexander			
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. ?		17. INFORMANT Elmer Prince 412 N Gallatin St			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Disease 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) 							INTERVAL BETWEEN ONSET AND DEATH
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. 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 		20g. COUNTY 	
20h. STATE 							
21. I attended the deceased from July 8, 1958 to July 8, 1958 and last saw her him alive on July 8, 1958 . Death occurred at 9:45 P m on the date stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE Lyman W. Brown M.D. (Degree or title)				22b. ADDRESS 311 1/2 College Springfield		22c. DATE SIGNED 7/9/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7 9 58	23c. NAME OF CEMETERY OR CREMATORY Fairview Cem'		23d. LOCATION (City, town, or county) Liberty Mo'		23e. STATE Mo'
24. FUNERAL DIRECTOR H.V. Smith 602 N. Jefferson			25. DATE RECD. BY LOCAL REG. 7-10-58		26. REGISTRAR'S SIGNATURE Effie B. Meltan		

(Licensed Embalmer's Statement on Reverse Side)

JUL 12 1958

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... *Herbert V. Smith*

Licensed Embalmer No. *428*

P. O. Address *Springfield*

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.