

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **9487**

No. 300  
10.48

**FILED MAR 30 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 287-A

396  
1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <b>Greene</b>	b. STATE <b>Missouri</b>		c. COUNTY <b>Polk</b>
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>	c. LENGTH OF STAY (in this place) <b>3 Months</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural</b> <b>0840</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>714 N. Missouri Avenue</b>		d. STREET ADDRESS (If rural, give location) <b>Dunnegan</b> <b>1</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>ELIZABETH</b>	b. (Middle) <b>L.</b>	c. (Last) <b>STOTTS</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>March 18, 1953</b>
---	--------------------------------	--------------------------	----------------------------	--

<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b> <b>2</b>	<b>8. DATE OF BIRTH</b> <b>5 March 1887</b>	<b>9. AGE</b> (In years last birthday) <b>66</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
--------------------------------	---	--	--	---	---	---

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Home</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Dekalb County, Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
--	---	--	--

<b>13a. FATHER'S NAME</b> <b>David C. Nickles</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary E. Law</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Alpha V. Stotts</b>
--	--	--

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b> <b>none</b>	<b>16. SOCIAL SECURITY NO.</b> <b>---</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Harmon Wright</b>	<b>ADDRESS</b> <b>714 N. Missouri Ave., Springfield, Mo.</b>
---	--	---	---

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>Unknown</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Probably Coronary Occlusion</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>UNATTENDED BY A PHYSICIAN</b> <b>4201</b>	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	---	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that the death occurred on the date and at the place stated above, from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>Edith Williamson</i>	<b>23b. ADDRESS</b> <b>Greene County Court House Springfield, Missouri</b>	<b>23c. DATE SIGNED</b> <b>3/23/53</b>
--	---	---

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>22 Mar. 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Plum Grove Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Polk County, Missouri.</b>
---	---	---	---

<b>DATE REC'D BY LOCAL REG.</b> <b>3-21-53</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Edith Williamson</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Paul C. Thieme</i>	<b>ADDRESS</b> <b>Springfield, Missouri</b>
---	---	--	--

NOV 16 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 .....  
Student Embalmer

Signed Ralph H. [Signature]

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri

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 this body is not embalmed, fact should be so stated above.