

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17666**

FILED JUN 8 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **526**

1. PLACE OF DEATH a. COUNTY <b>Greene</b> GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Stone</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. CITY OR TOWN <b>Crane</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>2 days</b>		e. STREET ADDRESS (If rural, give location) <b>R.R. 1040</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>hula</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 1 1953</b>		
a. (First)	b. (Middle)	c. (Last)			
5. SEX <b>Female</b>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		
6. COLOR OR RACE <b>WHITE</b>		8. DATE OF BIRTH <b>June 18-1897</b>		9. AGE (In years last birthday) <b>56</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>H. wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mo.</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Albert Wise (de)</b>		13b. MOTHER'S MAIDEN NAME <b>Ida M. Wilson (de)</b>		14. NAME OF HUSBAND OR WIFE <b>David E.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Wanda Lee Reser</b> ADDRESS <b>Shell Knob Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lymphosarcoma (reticulum cell)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>= generalized metastases</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b>	
--	--	---	--	--	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>No operation</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Mar 3, 1953**, to **June 1, 1953**, that I last saw the deceased alive on **May 31, 1953**, and that death occurred at **3:32 am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Charles O. Lockhart M.D.</b>		23b. ADDRESS <b>Springfield, Mo</b>		23c. DATE SIGNED <b>6/1/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 3, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Crane</b>	
24d. LOCATION (City, town, or county) (State) <b>Crane, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Manlove Funeral Home</b> ADDRESS <b>Crane, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>6-2-53</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

396  
0

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 *L. D. Gorman*.....

Licensed Embalmer No. *3177*.....

P. O. Address *Springfield*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.