

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED NOV 8 - 1954

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 989-A

1. PLACE OF DEATH a. COUNTY <u>Green</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield, Mo.</u>		c. LENGTH OF STAY (In this place) <u>4 days</u>	c. CITY OR TOWN <u>Mtn. Grove, Mo.</u> d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Springfield Baptist Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>400 West Long Street, 114/</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u> b. (Middle) <u>Florence</u> c. (Last) <u>Eklund</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 24, 1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 19, 1885</u>
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
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>Housekeeping</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Wright County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James Barnes</u>	
13b. MOTHER'S MAIDEN NAME <u>Malinda Agnew</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Eklund</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>XXX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edward Eklund,</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease with heart block.</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Oct. 20, 1954</u> to <u>Oct. 24, 1954</u> , that I last saw the deceased alive on <u>Oct. 24, 1954</u> , and that death occurred at <u>5:40 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>James T. Ford</u>		23b. ADDRESS <u>M. D. Springfield, Missouri</u>	
23c. DATE SIGNED <u>10/29/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Oct. 27, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lone Star Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Mountain Grove, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wesley W. Barber</u>	
DATE REC'D BY LOCAL REG. <u>11-4-54</u>		REGISTRAR'S SIGNATURE <u>Earth Williams</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>Mtn. Grove, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0

NOV 9 1954

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.....  
*Harry C. [unclear]*

Licensed Embalmer No. 4589

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.