

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. WAKEMAN

37022

State File No.

BIRTH NO.		REG. DIST. NO. <u>138</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>1030-A</u>					
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. LENGTH OF STAY (In this place) <u>5 DAYS</u>		c. CITY OR TOWN <u>SPRINGFIELD</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BURGE HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>1716 COLLEGE</u>							
3. NAME OF DECEASED (Type or Print)			a. (First) <u>BESSIE</u>			b. (Middle) <u>ELIZABETH</u>					
			c. (Last) <u>BRITAIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 6 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>AUG. 18 1893</u>		9. AGE (In years) (last birthday) <u>61</u>			
						IF UNDER 1 YEAR: MONTHS		IF UNDER 24 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>HOUSE</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>A. J. NOKES</u>			13b. MOTHER'S MAIDEN NAME <u>MARTHA HALL</u>			14. NAME OF HUSBAND OR WIFE <u>FRANK BRITAIN</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>FRANK BRITAIN</u>				ADDRESS <u>SPRINGFIELD, MO.</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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uraemia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>		
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Pelvic Organ? with metastasis</u> <u>General abdominal viscera, pelvic base, femur, ribs.</u> DUE TO (c) <u>Unilateral bilateral Obstruction with</u> <u>Hydrocephalus</u>							
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>I.V. Pyelogram. Capillary 10/15/54</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 12</u> , 19 <u>54</u> , to <u>Nov 6</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Nov 5</u> , 19 <u>54</u> , and that death occurred at <u>5:30 pm</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>J. Keerton Walker M.D.</u>				23b. ADDRESS <u>Springfield Mo</u>				23c. DATE SIGNED <u>Nov 6, 54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11/8/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>EASLAWN CEMETERY</u>			24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MISSOURI</u>				
DATE REC'D BY LOCAL REG. <u>11-18-54</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. H. LOHMEYER SPRINGFIELD, MO.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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 Leue C. Hunter

Licensed Embalmer No. 473

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.