

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18260**

FILED JUL 5 - 1955

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **565**

1. PLACE OF DEATH a. COUNTY Greene b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield c. LENGTH OF STAY (in this place) Minutes d. FULL NAME OF HOSPITAL OR INSTITUTION Consumers Market 2531 College Street		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence c. CITY OR TOWN Miller d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 0550	
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3. NAME OF DECEASED (Type or Print) MARGARET (None) CLICK a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH June 28 1955 (Month) (Day) (Year)		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 5, 1899	9. AGE (In years last birthday) 56	IF UNDER 14 YEARS Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) 9 Unknown	

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Elbridge Click
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Helen Simpson Miller ADDRESS Missouri	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) XXXXXXXXXXXXXXXXXXXX Suffocation by fire ANTECEDENT CAUSES Suffocation by fire *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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. E9166 40		INTERVAL BETWEEN ONSET AND DEATH Seconds
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Store	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield 133 Greene Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) June 28, 1955 (Hour) (Min) 11 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Explosion and Fire	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, that death occurred at **11:00a m., from the causes and on the date stated above.**

23a. SIGNATURE _____ Coroner	23b. ADDRESS Springfield Missouri	23c. DATE SIGNED 6/29/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/29/55	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) Miller Missouri
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DATE REC'D BY LOCAL REG. 7-1-55	REGISTRAR'S SIGNATURE 	25. FEDERAL DIRECTOR'S SIGNATURE
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Springfield, Mo.
(Licensed Embalmer's Statement of Reverse Side)

WRITE PLAINLY - USING UNFADEING BLACK INK - MAKE A PERMANENT RECORD

JUL 29 1955
SEP 7 1955

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 *John Mason*.....

Licensed Embalmer No. *1456*
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.