

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

NED WHITE 21795
State File No. _____

FILED AUG 15 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 678

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

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>35 YRS</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>D. O. A. AT BAPTIST HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>2416 SOUTH ROANOKE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>STELLA</u> b. (Middle) <u>MAE</u> c. (Last) <u>FRANK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 4, 1955</u>					
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JULY, 10, 1892</u>	9. AGE (In years last birthday) <u>63</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>NURSE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LYNN CREEK, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		

13a. FATHER'S NAME <u>SIMON PETE BILYEU</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA McDOWELL</u>	14. NAME OF HUSBAND OR WIFE <u>X</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>W. W. # 1</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>WILLIAM FRANK</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardio-Vascular Disease</u>		<u>15 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Nephritis 16 yrs ago</u> DUE TO (c) <u>Acute Cardiac dilatation following sudden shock (fire) before death</u>		<u>30 minutes</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Adenomoma thyroid (Benign)</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4 of 3 X</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) _____ m. _____	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 _____, 1936, to 4 Aug, 1955, that I last saw the deceased alive on Aug 4, 1955, and that death occurred at 11 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>N. Edith White</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>609 Cherry Springfield</u>	23c. DATE SIGNED <u>5 Aug 55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8/7/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>EASTLAWN CEMETERY</u>
24d. LOCATION (City, town, or county) <u>SPRINGFIELD, MISSOURI</u>		

DATE REC'D BY LOCAL REG. <u>8/8/55</u>	REGISTRAR'S SIGNATURE <u>Edith Wellman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>HERMAN LOHMEYER</u> ADDRESS <u>FUNERAL HOME</u>
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APR 25 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.....
William J. Givens

Licensed Embalmer No. *107*

P. O. Address *to comply*

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.