

FILED JAN 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1058

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>75</u>			
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MO</u>				b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD</u>		c. LENGTH OF STAY (In this place) <u>70 DAYS</u>		c. CITY OR TOWN <u>MARSHFIELD</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>1120</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOLA</u>			b. (Middle) <u>B</u>		c. (Last) <u>NELSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 20 1956</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>JUNE 29 1882</u>		9. AGE (In years last birthday) (If under 1 year: Months) (Days) (If under 4 hrs: Hours) (Min.) <u>73</u>	
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		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>HENRY GILBERT</u>				13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE DAY</u>		14. NAME OF HUSBAND OR WIFE			
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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>LOLA JOHNSON</u>				ADDRESS <u>MARSHFIELD</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, assthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain abscess</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 MOS.</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. <u>342X</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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 <u>Nov. 10</u> , 19 <u>55</u> , to <u>Jan. 20</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan. 20</u> , 19 <u>56</u> , and that death occurred at <u>125 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>L. Richard Webb</u> M.D.			23b. ADDRESS <u>609 Cherry, Springfield, Mo.</u>			23c. DATE SIGNED <u>1/21/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-23-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MARSHFIELD</u>		24d. LOCATION (City, town, or county) (State) <u>MARSHFIELD MO</u>			
DATE REC'D BY LOCAL REG. <u>1-23-56</u>		REGISTRAR'S SIGNATURE <u>Earl Williams</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>RW BARBER</u>				ADDRESS <u>MARSHFIELD</u>

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

MAR 19 1958

JAN 22 1958

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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 *George Stapp*.....  
Licensed Embalmer No. 316  
P. O. Address *Mt Grove*.....

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.