

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4427

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 216

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Springfield</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>2 weeks</b>		e. STREET ADDRESS (If rural, give location) <b>2134 Crestview</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St John's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>BILLIE</b>		b. (Middle) <b>STEWART</b>		c. (Last) <b>THARP</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 7 1956</b>							
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept 16, 1918</b>		9. AGE (In years last birthday) <b>37</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Clearmont, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				

13a. FATHER'S NAME <b>R. C. Stewart</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Ray Tharp</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ray Tharp, Springfield, Missouri</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>7 mos.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>#1 - Bronchogenic carcinoma, left lung, with metastasis to heart and left kidney.</b>		(a)		(b)		(c)	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		<b>#2 - Pericarditis, severe, secondary to</b>		<b>#1.</b>			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>162x</b>				20. AUTOPSY? YES <input 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)		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 8/21, 1955, to 3/6, 1956, that I last saw the deceased alive on 3/6, 1956, and that death occurred at 4:20A m., from the causes and on the date stated above.

23a. SIGNATURE <b>John W. Polk, MD</b>		(Degree or title)		23b. ADDRESS <b>604 Medical Arts Bldg., Springfield, Missouri</b>		23c. DATE SIGNED <b>3/7/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>March 9, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>White Chapel</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>3-8-56</b>		REGISTRAR'S SIGNATURE <b>Paula Tellemann</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Jewell E. Winkle</b>		ADDRESS <b>B.W. Springfield, Mo.</b>	
---	--	---	--	---	--	---	--

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

9961 6 x 2 1/2

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 *Murray Wilson*.....

Licensed Embalmer No...498...

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.