

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16117

STATE FILE NUMBER

FILED JUN 11 1956

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 574

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>Webster</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Seymour</b> <b>1120</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St John's</b>		Length of stay in 1b <b>9 days</b>	d. STREET ADDRESS (If outside, give location) <b>No street address</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>GLADYS</b> <i>First</i> <b>MAUDE (HOLLEY)</b> <i>Middle</i> <b>YATES</b> <i>Last</i>			4. DATE OF DEATH Month <b>June</b> Day <b>5</b> Year <b>1956</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 19, 1900</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months _____ Days _____ 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 country) <b>Centralia, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>Tom Holley</b>			14. MOTHER'S MAIDEN NAME <b>Maggie Poff</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 <b>Walter A. Yates, Seymour, Missouri</b> Address _____			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bilateral pyelonephritis &amp; uremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>
DUE TO (b) <b>Ureteral obstruction</b>		
DUE TO (c) <b>Pseudomucinous cystadenoma of the ovary</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>ovary</b>		

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. CITY, TOWN, OR LOCATION <b>Springfield, Mo</b>		COUNTY	STATE
21. I attended the deceased from <b>5-27-56</b> to <b>6-5-56</b> and last saw her/him alive on <b>6-5-56</b> . Death occurred at <b>10 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Harold B. Johnson MD</b> (Degree or title)		22b. ADDRESS <b>Springfield, Mo</b>		22c. DATE SIGNED <b>6-6-56</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6-8-56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn</b>	23d. LOCATION (City, town, or county) (State) <b>Springfield, Mo</b>		
24. FUNERAL DIRECTOR <b>Jewell E. Winn</b> ADDRESS <b>B.W. Springfield, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-8-56</b>	26. REGISTRAR'S SIGNATURE <b>Edna Williamson</b>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Bernard F. Wry*

Licensed Embalmer No.....

P. O. Address *Spain*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING  
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.