FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 41107

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1153-A

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Springfield — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St Johns Hosp — Length of stay in 1b: 8 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Ash Grove 039 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): East Part Town — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Nora Middle: Alice Last: Anglum
4. DATE OF DEATH: Month: Dec. Day: 20 Year: 1956
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Nov 22 1875
9. AGE (In years last birthday): 81
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): Bank Cashier
10b. KIND OF BUSINESS OR INDUSTRY: Banking
11. BIRTHPLACE (City and state or country): Ash Grove
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: O. W. Perryman
14. MOTHER'S MAIDEN NAME: Harriett Surber
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 487-01-3214A
17. INFORMANT: O. W. Anglum Address: Ash Grove Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Fracture left Clavicle from fall at home — 8 days
DUE TO (c): 9000
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 21.
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): wheel chair rolled down front steps
20c. TIME OF INJURY: Hour 10 00 a. m. / p. m. Month, Day, Year: 12/12/56 — Ash Grove Greene 039 Mo.
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
20f. CITY, TOWN, OR LOCATION: Ash Grove COUNTY: Greene Co STATE: Mo
21. I attended the deceased from Dec 12 to Dec. 20 and last saw her/him alive on Dec. 19,
Death occurred at 12:10 A m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: James D. Horton (Degree or title) M.D.
22b. ADDRESS: Springfield, Mo.
22c. DATE SIGNED: 12/21/56
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec 22 1956
23c. NAME OF CEMETERY OR CREMATORY: Ash Grove Cemetery
23d. LOCATION (City, town, or county) (State): Ash Grove Mo.
24. FUNERAL DIRECTOR: J W Birch ADDRESS: Ash Grove Mo.
25. DATE REC'D. BY LOCAL REG.: 12-25-56
26. REGISTRAR'S SIGNATURE: Estella Williamson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

JAN 2 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard E. Watts

Licensed Embalmer No. 46

P. O. Address Oak Gro

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.