

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4390

STATE FILE NUMBER

FILED FEB 25 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 158-A

| | | | | | |
|---|----------------------------------|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY GREENE | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR SPRINGFIELD TOWN | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN SPRINGFIELD ⁰³⁹⁶ ₀ | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. HANDLEY HOSP. Length of stay in lb — | | | d. STREET ADDRESS ROUTE #10 (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First LOLA Middle MAY Last WALLS | | | 4. DATE OF DEATH Month Feb. Day 11 Year 1957 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 27, 1890 | 9. AGE (In years last birthday) 66 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Jena, Iowa | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | 13. FATHER'S NAME THOMAS CLARK | | |
| 14. MOTHER'S MAIDEN NAME ? LYLE | | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | |
| 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT HENRY WALLS, Rt. #10, Springfield | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerotic Heart Disease | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | DUE TO (b) |
| | | | | | DUE TO (c) |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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 a. m. p. m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 8-26-55 to 2-11-57 and last saw her/him alive on 5-25-56 . Death occurred at about 5:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <i>Max Velt</i> (Degree Title) D. | | | 22b. ADDRESS <i>Springfield Mo.</i> | | 22c. DATE SIGNED 2-16-57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 2/14/57 | 23c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery | | 23d. LOCATION (City, town, or county) (State) NE of Springfield, Mo. Greene Co. |
| 24. FUNERAL DIRECTOR AYRE-GOODWIN | | ADDRESS Springfield | | 25. DATE RECD. BY LOCAL REG. 2-18-57 | 26. REGISTRAR'S SIGNATURE <i>Ernest Williamson</i> |

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.....
John T. Head

Licensed Embalmer No.

P. O. Address.....
Spring

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.