

Health, Welfare, Public Service

300
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 9 - 1957

THE DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 7479

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY ATCHISON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY HOLT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FAIRFAX Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN MOUND CITY, MO. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) COMMUNITY HOSP Length of stay in 1b 6 DAYS		d. STREET ADDRESS 1/2 mi. EAST Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) DORA E. SPRING			4. DATE OF DEATH APR 1, 1957
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV. 1, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY IN THE HOME	11. BIRTHPLACE (City and state or country) HOLT Co, Mo.
13. FATHER'S NAME JOHN JUDY		14. MOTHER'S MAIDEN NAME HANNAH WAMPLER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE	17. INFORMANT MRS. WOODROW HAYNES Address MOUND CITY, MO.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebrothrombosis DUE TO (c) Advanced arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 3 weeks unknown
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? 332X YES <input type="checkbox"/> NO <input 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 Sept 1955 to 4/1/57 and last saw her alive on 4/1/57 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Orval A. Swamy M.D.		22b. ADDRESS Oregon, Mo	
		22c. DATE SIGNED 4/4/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4/3/57	
23c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE		23d. LOCATION (City, town, or county) (State) MOUND CITY MO.	
24. FUNERAL DIRECTOR James B. Baughman ADDRESS MOUND CITY, MO.		25. DATE REC'D. BY LOCAL REG. April 1, 1957	
		26. REGISTRAR'S SIGNATURE Thermin H. Schaefer	

(Licensed Embalmer's Statement on Reverse Side)

APR 22 1957

MAY 22 1957

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 *James H. Crawford*

Licensed Embalmer No. 47

P. O. Address *Round City*

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.