Health, Welfare Public Service

300
1-56

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 6 - 1957

STATE FILE NUMBER 12748

19909-57 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 371-A

1. PLACE OF DEATH a. COUNTY Greene	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Texas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Cabool — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. John'S Hosp. — Length of stay in Hospital 5da	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First LINDA	Middle	Last BELLER	4. DATE OF DEATH Month April Day 14 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH March 14, 1957	9. AGE (In years last birthday) — IF UNDER 1 YEAR Months 1 Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Houston, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Beller		14. MOTHER'S MAIDEN NAME (?) Grose		
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. No	17. INFORMANT John Beller — Address	

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) Non-Lipid reticuloendo theliosis (Letterer-Siwe's disease) — INTERVAL BETWEEN ONSET AND DEATH 1 Month

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) 2021

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.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-9-57, to 4-14-57 and last saw her alive on 4-14-57. Death occurred at 10:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. J. Schwartz M. D. (Degree or title)

22b. ADDRESS 301 Prof. Bldg. Springfield, Mo

22c. DATE SIGNED 4-27-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 4/16/57

23c. NAME OF CEMETERY OR CREMATORY —

23d. LOCATION (City, town, or county) (State) Cabool, Mo.

24. FUNERAL DIRECTOR ADDRESS Elliott-Gentry F.H. Cabool, Mo.

25. DATE RECD. BY LOCAL REG. 4-29-57

26. REGISTRAR'S SIGNATURE Frank Williamson

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

not embalmed

Student..... Signature of Student Embalmer Signed.....

Licensed Embalmer No.....

P. O. Address .....

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