

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

16707

FILED MAY 27 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 476

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 TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN SPRINGFIELD 0396 0		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 316 E. Pacific			Length of stay in 1b Life		d. STREET ADDRESS 1316 E. Pacific		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) CORA				First CORA		Middle LARN		Last GATES		
4. DATE OF DEATH May 16, 1957		Month May		Day 16		Year 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 Dec. 28, 1882		9. AGE (In years last birthday) 74		
						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 Home		11. BIRTHPLACE (City and state or country) Strafford, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Rufus Ford				14. MOTHER'S MAIDEN NAME Unknown						
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 Address Mrs. H. L. Clark, 1316 E. Pacific					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction								INTERVAL BETWEEN ONSET AND DEATH 24 hrs.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								DUE TO (b) Rheumatoid arthritis		
								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"/> 2		
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		CITY		STATE	
21. I attended the deceased from 8-30-1949 to 5-16-57 and last saw her/him alive on 5-16-57 Death occurred at 2:30 a. m. m on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <i>Paul C. Morton</i> (Degree or title) M.D.					22b. ADDRESS 1630 N. Jefferson Springfield, Missouri			22c. DATE SIGNED 5-17-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/19/57		23c. NAME OF CEMETERY OR CREMATORY Danforth Cemetery			23d. LOCATION (City, town, or county) (State) Green County, Missouri			
24. FUNERAL DIRECTOR AYRE-GOODWIN, Inc. Springfield				25. DATE RECD. BY LOCAL REG. 5-20-57		26. REGISTRAR'S SIGNATURE <i>Edith Wellman</i>				

(Licensed Embalmer's Statement on Reverse Side)

S. 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 causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Lucas T. Swadley*

Licensed Embalmer No. *481*

P. O. Address *Springfield*

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