. Health,
& Welfare
. Public
h Service

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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUN 3 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16787
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 496

1. PLACE OF DEATH a. COUNTY Greene	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Polk
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes X No	c. CITY OR TOWN Bolivar 0841 0 — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Hosp. — Length of stay in 1b 2 wks	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print)	First Tracie	Middle E.	Last Wilson	4. DATE OF DEATH Month May Day 22 Year 1957
5. SEX Female 1	6. COLOR OR RACE White	7. MARRIED X NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH Oct. 5, 1905	9. AGE (In years last birthday) 51 — 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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Homaking	11. BIRTHPLACE (City and state or country) Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Harm Scurlock		14. MOTHER'S MAIDEN NAME Rebecca Russell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 497-30-1911	17. INFORMANT Carlos Wilson	Address Bolivar, 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) Perforated duodenal ulcer c̄ extensive peritonitis 27 hrs. before surgery — INTERVAL BETWEEN ONSET AND DEATH: 11 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) pt. developed thrombophlebitis — 4 days

DUE TO (c) Pneumonitis c̄ pleurisy — 2-3 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

Toxemia 5411

19. WAS AUTOPSY PERFORMED? YES NO 0

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 5/12/57 to 5/22/57 and last saw her alive on 5/22/57

Death occurred at 7:07 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. Roland Langston (Degree or title) MD 0 — 22b. ADDRESS Springfield — 22c. DATE SIGNED 5/29/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 26, 57	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	23d. LOCATION (City, town, or county) Bolivar	(State) Mo.
24. FUNERAL DIRECTOR Little Funeral Home	ADDRESS Bolivar, Mo.	25. DATE RECD. BY LOCAL REG. 5-31-57	26. REGISTRAR'S SIGNATURE Earl Williamson	

(Licensed Embalmer's Statement on Reverse Side)

DEC 19 1952

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Sidney J. Petts

Licensed Embalmer No. 49

P. O. Address Bolcw

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