Dr. Clarke

FILED AUG 12 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24228

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2 Registrar's No. 783

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 X No	c. CITY OR TOWN Springfield 394 — Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. John's Hosp. — Length of stay in Ib 32 Yrs.	d. STREET ADDRESS (If outside, give location) 1152 E. Elm — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print)	First ADELL	Middle	Last YOUNG	4. DATE OF DEATH Month Aug. Day 3 Year 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH March 5 1892	9. AGE (In years last birthday) 65 — 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) Home	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Highlandville, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William W. Landers			14. MOTHER'S MAIDEN NAME Lucy Jane Ware	
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. ?	17. INFORMANT Mrs. Helen Johnson	Address Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Bronchial Pneumonia	36 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. — DUE TO (b)	Carcinomatosis	3 months
DUE TO (c)	Carcinoma of gall bladder	2 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 1552

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 2-10-55, to 8-3-57 and last saw ~~he~~ she alive on 8-3-57

Death occurred at 6:55 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Michael J. Clarke MD	22b. ADDRESS 1626 S Glenstone	22c. DATE SIGNED 8-5-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-6-57	23c. NAME OF CEMETERY OR CREMATORY White Chapel	23d. LOCATION (City, town, or county) (State) Springfield, Mo.
24. FUNERAL DIRECTOR H.H. Lohmeyer	ADDRESS Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 8-5-57	26. REGISTRAR'S SIGNATURE Earl Williamson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. L. McCann

Licensed Embalmer No. 27

P. O. Address Springfield

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.