

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44126

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1227

V. S. 300  
v. 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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Monett</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ruffin Rest Home</u>		d. STREET ADDRESS <u>500 Central</u>	
3. NAME OF DECEASED (Type or print) <u>Ida Mary Wilhelm</u>		4. DATE OF DEATH <u>12 22 57</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1-27-1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Teaching</u>	9. AGE (In years last birthday) <u>81</u>
13. FATHER'S NAME <u>Sam C. Mills</u>		14. MOTHER'S MAIDEN NAME <u>Caroline Corwin</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT <u>Elmer Wilhelm, Springfield, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Mitral Stenosis - Decompenation</u> DUE TO (b) <u>Rheumatic Heart Disease</u> DUE TO (c) <u>410X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Arthritis, Rheumatoid, generalized, Decubitus ulcer Sacral</u>			INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs</u> <u>Many years</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. TIME OF INJURY Hour <u>4:00 a.m.</u> Month, Day, Year.		20c. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
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 <u>Oct 1957</u> to <u>12-22-57</u> and last saw her alive on <u>12-22-57</u> Death occurred at <u>4:00 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Declarer or title) <u>M. L. Gentry M.D.</u>		22b. ADDRESS <u>Med Arts Bldg., Spfld, Mo.</u>	
22c. DATE SIGNED <u>12-24-57</u>		23. LOCATION (City, town, or county) (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-24-57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Monett, Mo.</u>	
24. FUNERAL DIRECTOR <u>Mercer Funeral Home, Monett, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-24-57</u>	
ADDRESS		26. REGISTRAR'S SIGNATURE <u>Elmer Wilhelm</u>	

FEB 13 1958

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 Roy A. Mercer

Licensed Embalmer No. 443

P. O. Address Monett, Mo.

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.