

Health, Welfare  
Public  
Service

300  
-57  
436 East Pacific

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc.—most use only ribbon  
All diseases in Part I must be causally related.

MISSOURI  
SPRINGFIELD, MISSOURI

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009477  
STATE FILE NUMBER

FILED MAR 31 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 325

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Springfield</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>650 S. Nettleton</b>		Length of stay in lb		d. STREET ADDRESS (If outside, give location) <b>650 S. Nettleton</b>	
3. NAME OF DECEASED (Type or print) <b>KATHERINE</b>			4. DATE OF DEATH <b>March 26, 1958</b>		
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH <b>14 Nov. 1873</b>		9. AGE (In years last birthday) <b>84</b>		10. FUNDER 1 YEAR Months Days Hours Min.	
11. USUAL OCCUPATION (Give kind of work done during the week ending 14 days if retired) <b>Housewife</b>		12. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		13. BIRTHPLACE (City and state or country) <b>Indianan /</b>	
14. CITIZEN OF WHAT COUNTRY? <b>USA</b>		15. FATHER'S NAME <b>McNamra</b>		16. MOTHER'S MAIDEN NAME <b>Unknown</b>	
17. NAME OF HUSBAND OR WIFE <b>Deceased</b>		18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		19. SOCIAL SECURITY NO. <b>No</b>	
20. INFORMANT <b>Elizabeth Carter</b>		Address <b>Springfield, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Probable Arteriosclerosis, Generalized</b> <b>Causing Malnutrition</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>ATTENDED BY A PHYSICIAN</b> DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
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"/>
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.		<b>4 500</b>			
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 <b>2-26-58</b> to her death on <b>3-28-58</b> . Death occurred at <b>11:40</b> A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>James R. Thomas, M.D.</b>		(Degree or title) <b>County Health Officer</b>		22b. ADDRESS <b>Greene County Health Dept. Springfield, Mo.</b>	
22c. DATE SIGNED <b>3-28-58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3-28-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn</b>		23d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>			
24. FUNERAL DIRECTOR <b>Just Amiguer Co. Spgfd. Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3-28-58</b>		26. REGISTRAR'S SIGNATURE <b>Effie E. Mellon</b>	

(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 embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Oglestone Jr.* .....

Licensed Embalmer No. *4176* .....

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.