

Dr. Brown

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025135

STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 128 Primary Registration District No. 200 Registrar's No. 719

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
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HANDLEY HOSP.		Length of stay in 1b 6 YRS.	d. STREET ADDRESS (If outside, give location) 1427 N. FOREST
3. NAME OF DECEASED (Type or print) First Middle Last EDNA DEE ARTHUR			4. DATE OF DEATH Month Day Year JULY 14 1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 10 1882
9. AGE (In years last birthday) 76		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) WISCONSIN 1
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JONATHAN G. PATTERSON	
13b. MOTHER'S MAIDEN NAME ELEANOR V. ALLEN		14. NAME OF HUSBAND OR WIFE (DEC.)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input checked="" type="checkbox"/> NO unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NO	17. INFORMANT LAWRENCE ARTHUR Address SPRINGFIELD, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia DUE TO (b) Abdominal Ca DUE TO (c) 1992 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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 <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>7/9/58</u> to <u>7/14/58</u> and last saw her alive on <u>7/14/58</u> Death occurred at <u>11 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Lyman W. Brown M.D.</i>		22b. ADDRESS <i>311 1/2 College Springfield, Mo.</i>	22c. DATE SIGNED <i>7/15/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 7/15/58	23c. NAME OF CEMETERY OR CREMATORY MT. VIEW CEMETERY	23d. LOCATION (City, town, or county) (State) MT. VIEW, MISSOURI
24. FUNERAL DIRECTOR DUNCAN FUNERAL HOME ADDRESS MT. VIEW, MO.		25. DATE RECD. BY LOCAL REG. 7-15-58	26. REGISTRAR'S SIGNATURE <i>Effie B. Melton</i>

All diseases in Part I must be causally related. Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{not} ~~was~~ embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

C M Taylor

Signed *W L Mc Carr*

Licensed Embalmer No. *2727*

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.