

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039521

STATE FILE NUMBER

FILED DEC 15 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1186

300
1-57

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 ⁶³⁹⁶
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital		Length of stay in 1b 60 yrs	d. STREET ADDRESS 941 W. Central
3. NAME OF DECEASED (Type or print) First MOLLIE Middle FAHRNEY Last FAHRNEY			4. DATE OF DEATH Month Dec. Day 7, Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 28, 1878
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY Home	9c. BIRTHPLACE (City and state or country) Wright Co., Mo.
10a. FATHER'S NAME Andrew J. Brasher		10b. MOTHER'S MAIDEN NAME Josephine Moore	10c. NAME OF HUSBAND OR WIFE Charlie Fahrney
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		12. SOCIAL SECURITY NO. unknown	13. INFORMANT Charlie Fahrney, Springfield, Mo.
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pseudomyxoma peritoneii			INTERVAL BETWEEN ONSET AND DEATH 15 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			15. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
16a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		16b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
17a. TIME OF INJURY Hour _____ a.m. _____ p.m. _____			
18a. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		18b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
19a. CITY, TOWN, OR LOCATION Springfield		19b. COUNTY Mo.	
20. I attended the deceased from 10/8/57 to 12/7/58 and last saw her alive on 12/6/58 Death occurred at 7:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE Sc Wittmer M.D.		21b. ADDRESS 800 Med. Arts Bldg. Springfield Mo.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE 12/11/58	
23a. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery		23b. LOCATION (City, town, or county) (State) Springfield Mo.	
24. FUNERAL DIRECTOR Ralph Thieme		24b. ADDRESS Springfield, Mo.	
25. DATE RECD. BY LOCAL REG 12-11-58		26. REGISTRAR'S SIGNATURE Effie E. Melton	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 19 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 *Lee Mason* _____

Licensed Embalmer No. 4568 _____

P. O. Address Springfield, 1

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.