Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000981
STATE FILE NUMBER

FEB 2 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 92

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 OR TOWN (If outside corporate limits, give TOWNSHIP only): Springfield — Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: Springfield 0396 — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 633 Cherry — Length of stay in 1b: 6 years	d. STREET ADDRESS (If outside, give location): 1809 S. Missouri — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: ELMO	Middle: M.	Last: LE COMPTE	4. DATE OF DEATH Month Day Year: January 25, 1959
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]	8. DATE OF BIRTH: Feb 11, 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): Medical Doctor	10b. KIND OF BUSINESS OR INDUSTRY: Medicine	11. BIRTHPLACE (City and state or country): Moberly, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Unknown	13b. MOTHER'S MAIDEN NAME: Unknown	14. NAME OF HUSBAND OR WIFE: ---	
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.: Unknown	17. INFORMANT Address: Mrs. Robert Day, Springfield, Missouri 1809 S. Mo.	

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Broncho pneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Senility

DUE TO (c): —

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 491X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 22 Dec. 58, to 25 Jan 59 and last saw her/him alive on 24 Jan 1959

Death occurred at 3:25 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Stanley L. Peterson M.D.	22b. ADDRESS: Springfield, Mo	22c. DATE SIGNED: 27 Jan 59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Jan 27, 1959	23c. NAME OF CEMETERY OR CREMATORY: Willow Springs
23d. LOCATION (City, town, or county) (State): Willow Springs, Missouri		
24. FUNERAL DIRECTOR: Jewell E. Windle Bw	ADDRESS: Springfield, Mo.	25. DATE RECD. BY LOCAL REG.: 1-29-59
26. REGISTRAR'S SIGNATURE: Effie G. Melton		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Robert E. Muhlemann

Licensed Embalmer No. 4916

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.