

FILED SEP 4 1948

Registration District No. **3**

Primary Registration District No. **3003**

Registrar's No. **59**

1. PLACE OF DEATH:

(a) County **Barry**
 (b) City or town **Monett**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **St. Vincent's Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **one week**
(Specify whether years, months or days)
 In this community **Thirty years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**
 (c) City or town **"Rural"**
(If outside city or town limits, write "RURAL")
 (d) Street No. **R.R. 1 Verona mo**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **none**

3. (a) PRINT FULL NAME **Mary Helen Probstfield**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Paul Probstfield** 6. (c) Age of husband or wife if alive **38** years

7. Birth date of deceased **August 11 1899**
(Month) (Day) (Year)

8. AGE: Years **49** Months **0** Days **7** If less than one day hr. min.

9. Birthplace **Marshfield, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **John Sperandio**

13. Birthplace **Austria**
(City, town, or county) (State or foreign country)

14. Maiden name **Domenica Martini**

15. Birthplace **Italy**
(City, town, or county) (State or foreign country)

16. (a) Informant **Paul Probstfield**

(b) Address **R.R. 1 Verona, Missouri**

17. (a) **Burial** (b) Date thereof **Aug 20 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Signed Heart Care Verona**

18. (e) Signature of funeral director **Callaway Funeral Home**

(b) Address **Monett Missouri**

19. (a) **8-21-48** (b) **W. M. West**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **18**
 year **1948** hour **3** minute **45** A.M.

21. I hereby certify that I attended the deceased from **March 2**, 19**46** to **Aug 18**, 19**48**
 that I last saw her alive on **Aug 17**, 19**48**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar pneumonia (A)** **1 wk.**
None

Due to.....

Due to.....

Due to.....

Other conditions **Ch. hypertensive cardio-vascular**
(Include pregnancy within 3 months of death)

Major findings: **Vascular Reticular disease**

Of operations **none**

Of autopsy **None**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?.....
(Specify type of place) (e) Means of injury.....

23. Signature **Robert H. Kerley** (M. D. or other)

Address **Monett Mo** Date signed **Aug 21 48**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED
District Health Officer No. 2,
District File Number 948-973
Date Filed SEP 2 1948

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

J. D. Buchanan

Licensed Embalmer No.

3179

P. O. Address

Monett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.