FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8774
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 312

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGE HOSP. — Length of stay in 1b 7 WKS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY GREENE
c. CITY OR TOWN SPRINGFIELD 0394 — Inside Limits Yes X No ☐
d. STREET ADDRESS 1837 N. NEWTON (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JOSEPHINE Middle Last MALADY
4. DATE OF DEATH Month MAR. Day 31, Year 1956
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 4 MAY 1904
9. AGE (In years last birthday) 51 — 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) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (City and state or country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME ROBERT MACK
14. MOTHER'S MAIDEN NAME UNKNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. 486-24-4493
17. INFORMANT VERNON MALADY Address SPGFD. 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) Meningitis; — INTERVAL BETWEEN ONSET AND DEATH approx 52 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) acute respiratory infection — 8 wks.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 3403
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 1948, to 31 Mar 56 and last saw her/him alive on 30 Mar 56
Death occurred at 10:25 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Henry F Knabb Jr MD
22b. ADDRESS Springfield Mo.
22c. DATE SIGNED 4 Apr 56

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 4-2-56
23c. NAME OF CEMETERY OR CREMATORY [redacted] GREENLAWN
23d. LOCATION (City, town, or county) SPRINGFIELD, (State) MO.

24. FUNERAL DIRECTOR J.W. Klingner & Co. ADDRESS SPGFD. MO.
25. DATE RECD. BY LOCAL REG. 4-4-56
26. REGISTRAR'S SIGNATURE Edith Williamson

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be [illegible] diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

VS MAR 14 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.