

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED APR 2 - 1956

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 283

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital			Length of stay in lb 7 1/2 Hours		d. STREET ADDRESS 1630 Pythian		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First ETHEL Middle AVA Last MATLOCK				4. DATE OF DEATH Month March Day 25 Year 1956					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug 24, 1883		9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days 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 In Home		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Calvin Chapman				14. MOTHER'S MAIDEN NAME Bryant					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. No	17. INFORMANT Address Waldo Matlock (Son) 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) Diabetic coma							INTERVAL BETWEEN ONSET AND DEATH 11 hrs.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Diabetes, Mellitus				15 yrs		
			DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Generalized arteriosclerosis							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 WORK <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 5-29-57 to 3-25-56 and last saw her/him alive on 3-25-56 Death occurred at 5:00 pm on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) D. M. Klingman M.D.				22b. ADDRESS 1630 N. Jefferson Springfield, Mo.			22c. DATE SIGNED 3-26-56		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-27-56	23c. NAME OF CEMETERY OR CREMATORY #5 Cemetery		23d. LOCATION (City, town, or county) Mansfield		(State) Mo.		
24. FUNERAL DIRECTOR ADDRESS J. W. Klingman & Co. Springfield, Mo.				25. DATE RECD. BY LOCAL REG. 3-26-56		26. REGISTRAR'S SIGNATURE, Edith Williams			

(Licensed Embalmer's Statement on Reverse Side)

100-56
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with an asterisk.

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 *Max Rhode*.....
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Licensed Embalmer No.....

P. O. Address *Spring*.....

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.