

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16054

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>466</u>			
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>?</u>		c. CITY OR TOWN <u>Springfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baptist Hospital</u>				F. STREET ADDRESS (If rural, give location) <u>1126 South Broadway</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margorie</u> b. (Middle) <u>Winehart</u> c. (Last) <u>Glass</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-17-1956</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>1-24-1915</u>			
9. AGE (In years last birthday) <u>41</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>23</u>		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrence Co., Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>Native</u>			
13a. FATHER'S NAME <u>Frank C. Winehart</u>			13b. MOTHER'S MAIDEN NAME <u>Bessie Hood</u>		14. NAME OF HUSBAND OR WIFE <u>James M. Glass</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James M. Glass</u>		ADDRESS <u>1126 S. Broadway Springfield, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				DUE TO (b) <u>Diabetic glomerulosclerosis</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>260X</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>March</u> , 19 <u>55</u> to <u>May 17</u> , 19 <u>56</u> that I last saw the deceased alive on <u>May 17</u> , 19 <u>56</u> and that death occurred at <u>2<sup>45</sup> P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Don J. Silsby M.D.</u>				23b. ADDRESS <u>Springfield Mo</u>		23c. DATE SIGNED <u>5-22-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>5-21-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Scymore</u>		24d. LOCATION (City, town, or county) (State) <u>S.E. P. Miller Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-24-56</u>		REGISTRAR'S SIGNATURE <u>Edna Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Morris Lemmon Miller Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb  
by me, ~~or by~~....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *S. P. Seiman*.....

Licensed Embalmer No. *32*.....

P. O. Address *Miller*.....

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