

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 592

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Dade</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield Mo.</b>		c. LENGTH OF STAY (in this place) <b>4 wks</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>		STREET ADDRESS (If rural, give location) <b>02901</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ellen</b> b. (Middle) <b>Frances</b> c. (Last) <b>Stapp</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 28 1956</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 22, 1872</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Polk Co Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>John B Hanes</b>	13b. MOTHER'S MAIDEN NAME <b>Ma rgaret Vickery</b>	14. NAME OF HUSBAND OR WIFE <b>Archie Stapp</b>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Phillip Milne Wichita Kans.</b>	ADDRESS
---	--	---	---------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b>  <b>4 months</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Glomerular Nephritis</b>		
	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)
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 26 May, 1956, to 6-28-, 1956, that I last saw the deceased alive on 28 June, 1956, and that death occurred at 5:15p m., from the causes and on the date stated above.

23a. SIGNATURE <b>Paul C Norton</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>1630 4th Jefferson Ave</b>	23c. DATE SIGNED <b>7-2-56</b>
--	----------------------------------	---	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-1-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pennsboro</b>	24d. LOCATION (City, town, or county) (State) <b>Dade Co Mo</b>
--	----------------------------	--	--

DATE REC'D BY LOCAL REG. <b>7-6-56</b>	REGISTRAR'S SIGNATURE <b>Edith Williams</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W.R. Allison Greenfield Mo.</b>	ADDRESS
---	--	--	---------

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

---

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 *W.R. Allison*.....

Licensed Embalmer No. *44*.....

P. O. Address *Summit*.....

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.