

FILED SEP 4 1956

STANDARD CERTIFICATE OF DEATH

26572

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 791

1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Springfield</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Springfield</b> <u>0396</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <b>Burge Hospital</b>		Length of stay in lb <b>48 Yrs.</b>		d. STREET ADDRESS (If outside, give location) <b>1345 N. Main</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>ELIZABETH HILL</b>				4. DATE OF DEATH <b>August 29, 1956</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <b>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/></b>		8. DATE OF BIRTH <b>20 Nov. 1864</b>		9. AGE (In years last birthday) <b>91</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home Maker</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and state or country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>William Barton</b>				14. MOTHER'S MAIDEN NAME <b>Unknown</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>No</b>		17. INFORMANT <b>Risse Hill</b>		Address <b>Springfield, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Subarachnoid hemorrhage, post traumatic</b>							INTERVAL BETWEEN ONSET AND DEATH <b>7 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Fall down basement stairs</b>						DUE TO (c) <b>9000</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <b>Senility; total blindness</b>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <b>Fell down basement steps</b>					
20c. TIME OF INJURY <b>8:50 a. m.</b>		Month, Day, Year <b>8-29-56</b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		20f. CITY, TOWN, OR LOCATION <b>Springfield</b>		COUNTY <b>Greene</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>8-29-56</b> to <b>8-29-56</b> and last saw her <del>alive</del> <b>alive</b> on <b>8-29-56</b> Death occurred at <b>3:50 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Edw. R. Schmitt</i> (Degree or title) <b>M.D.</b>				22b. ADDRESS <b>805 Woodruff Bldg Springfield, Missouri</b>		22c. DATE SIGNED <b>8-30-56</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8-31-56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Union Mound Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Dallas County, Mo.</b>		
24. FUNERAL DIRECTOR <b>J.W. Klingner &amp; Co.</b>			ADDRESS <b>Spfld. Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>8-31-56</b>		26. REGISTRAR'S SIGNATURE <i>Edith Williams</i>

NO. 1000

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 *Ogden Stone Jr* .....  
Licensed Embalmer No. *412* .....  
P. O. Address *Springfield* .....

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.