

FILED OCT 29 1956

STANDARD CERTIFICATE OF DEATH

33682

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 984

1. PLACE OF DEATH a. COUNTY <i>Greene</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Greene</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Springfield Mo</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Ash Grove</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Burge Hospital</i>			Length of stay in 1b <i>1 Day</i>	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Ella</i> Middle <i>May</i> Last <i>Metcalf</i>				4. DATE OF DEATH Month <i>Oct.</i> Day <i>24</i> Year <i>1956</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Feb. 8 1876</i>		9. AGE (In years last birthday) <i>80</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeper</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Housekeeping</i>		11. BIRTHPLACE (City and state or country) <i>Madelia Minnesota</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Jacob Rhods</i>				14. MOTHER'S MAIDEN NAME <i>Mary M. Donald</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>500-36-7359A</i>		17. INFORMANT <i>Lloyd Metcalf</i> Address <i>Ash Grove Mo.</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Possible cerebral vascular accident - stroke</i> DUE TO (b) <i>arteriosclerotic vascular disease,</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH <i>1 hour</i> <i>unknown</i>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							<i>331X</i>
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 <i>Springfield</i>			COUNTY <i>Greene</i>
20g. STATE <i>Mo.</i>							
21. I attended the deceased from <i>Oct 23</i> , to <i>Oct 24</i> and last saw her alive on <i>Oct 23 56</i> Death occurred at <i>6:50 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>W. L. Lohy M.D.</i>				22b. ADDRESS <i>609 Cherry St.</i>		22c. DATE SIGNED <i>Oct 25 56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Oct. 26 1956</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Anna Edna Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Jericho Springs Missouri</i>		
24. FUNERAL DIRECTOR <i>W. Birch</i>			ADDRESS <i>Ash Grove Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>10-25-56</i>		26. REGISTRAR'S SIGNATURE <i>Edith Williamson</i>

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Richard E. Watt*

Licensed Embalmer No. *46*

P. O. Address *Ask Grove*

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.