FILED DEC 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37631
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1071-B

Health, Welfare Public Service

300 4
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SPRINGFIELD — Inside Limits Yes XX No ☐
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION: RUFFIN REST HOME, 519 Cherry — Length of stay in 1b: 2 Months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: WRIGHT
c. CITY OR TOWN: MTN. GROVE — Inside Limits Yes XX No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First JULIA Middle BELLE Last BROWN

4. DATE OF DEATH: Month November Day 22 Year 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED XX DIVORCED ☐
8. DATE OF BIRTH: February 1878
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 9 Days 15 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeping
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Texas County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gilts Gobble
14. MOTHER'S MAIDEN NAME: Sarah Mitchell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Mrs. Ola Mae Clausson, Address: Springfield, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardio vascular renal disease — 8 - 10 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): 442X
19. WAS AUTOPSY PERFORMED? YES ☐ NO XX

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 October 1, 1956 to November 22 1956 and last saw her/him alive on Nov 22, 1956
Death occurred at 1:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: M. L. Gentry M.D. (Degree or title)
22b. ADDRESS: Med. Arts. Bldg, Springfield, Mo
22c. DATE SIGNED: 11-27-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11/25/56
23c. NAME OF CEMETERY OR CREMATORY: Solo
23d. LOCATION (City, town, or county) (State): Solo, Missouri

24. FUNERAL DIRECTOR: Grable-Windle with Groves — ADDRESS
25. DATE RECD. BY LOCAL REG.: 11-30-56
26. REGISTRAR'S SIGNATURE: Edith Wilkerson

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Frank Grable

Licensed Embalmer No. 414

P. O. Address Sutn gre

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.