Health, Welfare Public Service

300
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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 19 1956

STATE FILE NUMBER 37744

Registration District No. 128 Primary Registration District No. 5465 Registrar's No. 1024

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural N.Campbell — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Spgfd. Rt.5 — Length of stay in 1b 66 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Rural N. Campbell — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Springfield Rt.5 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First MARY Middle FRANCES Last STEELE

4. DATE OF DEATH Month November Day 9 Year 1956

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 1 Feb. 1890
9. AGE (In years last birthday) 66
IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

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

13. FATHER'S NAME Alfred M. Hall
14. MOTHER'S MAIDEN NAME Susan L. Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT Ruby Creed Address Rt. 5 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) Hemorrhagic Cystitis severe — INTERVAL BETWEEN ONSET AND DEATH 2 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 180X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Pt had Carcinoma of kidney removed 2 years ago. Probably had metastatic phenomena but not proved

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 28 Aug 1956, to 9 Nov 56 and last saw her alive on 5 Nov 56
Death occurred at 3:17 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Stanley S. Peterson M.D. (Degree or title)
22b. ADDRESS 1211 S. Glenstone Springfield, Missouri
22c. DATE SIGNED 11-14-56

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 11-11-56
23c. NAME OF CEMETERY OR CREMATORY MT. COMFORT
23d. LOCATION (City, town, or county) (State) GREENE COUNTY, MO.

24. FUNERAL DIRECTOR J.W. Klingner & Co. ADDRESS Spgfd. Mo.
25. DATE RECD. BY LOCAL REG. 11-14-56
26. REGISTRAR'S SIGNATURE Faith Williamson

(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 Ogle Slone Jr.

Licensed Embalmer No. 41

P. O. Address Jarvis

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