

HEALTH, Welfare, Public Service

300 7-56

ALL diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8913
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 520 Ildereen			Length of stay in lb 5 yrs	d. STREET ADDRESS 520 Ildereen			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) MARY PAYNE AMBROSE BATEMAN				First	Middle	Last	4. DATE OF DEATH Jan. 15, 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 28, 1853		9. AGE (In years last birthday) 103	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Standish, Maine		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Samuel Ambrose				14. MOTHER'S MAIDEN NAME Henriette Greeley				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Miss Edith Bateman, 520 Ildereen				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure Arteriosclerotic myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 4221							INTERVAL BETWEEN ONSET AND DEATH 1 year unknown	
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 Springfield, Greene Mo.			COUNTY STATE	
21. I attended the deceased from Sept 25, '51 to Jan 15, '57 and last saw her ^{him} alive on Jan 15, '57 Death occurred at 4:00 p. m. on the date stated above; and to the best of my knowledge from the causes stated.								
22a. SIGNATURE (Degree or title) J. H. Silsby M.D.				22b. ADDRESS 609 Cherry, Springfield, Mo.		22c. DATE SIGNED 1-16-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/17/57	23c. NAME OF CEMETERY OR CREMATORY Arlington Cemetery		23d. LOCATION (City, town, or county) (State) Elmhurst, Illinois				
24. FUNERAL DIRECTOR ADDRESS AYRE-GOODWIN, Inc. Springfield			25. DATE RECD. BY LOCAL REG. 1-18-57		26. REGISTRAR'S SIGNATURE Edith Williams			

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.....
Lester T. Shadler

Licensed Embalmer No. *48*

P. O. Address *Spring*

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.