

Health, Welfare and Public Service  
 300-56  
 Doctor, coroner, etc. must use only standard nomenclature in item 18 - no symptoms written in free space. 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

FILED FEB 8 1957

STANDARD CERTIFICATE OF DEATH

1027

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 47-B

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>Taney</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>Forsyth</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) <b>DOA Baptist Hospital</b>		Length of stay in lb <b>9 mo</b>		d. STREET ADDRESS <b>(If outside, give location)</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>MAGGIE</b>			First <b>MAY</b>		Middle <b>STEGALL</b>		Last	
4. DATE OF DEATH <b>Jan 12, 1957</b>		Month <b>Jan</b>		Day <b>12</b>		Year <b>1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 25, 1879</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>0</b>	IF UNDER 24 HRS. Days <b>17</b>	Hours <b></b>	Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeping</b>		11. BIRTHPLACE (City and state or country) <b>Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>Frank Condray</b>				14. MOTHER'S MAIDEN NAME <b>Maggie Key</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>495-30-0939</b>		17. INFORMANT <b>1024 S. Douglas Skip Stegall, Springfield, Missouri</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>Cardio - Renal - Vascular Disease</b>							INTERVAL BETWEEN ONSET AND DEATH	
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(a) <b>Right Hemiplegia</b>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT <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		COUNTY		STATE
21. I attended the deceased from <b>8/9/47</b> to <b>1/12/57</b> and last saw her/him alive on <b>1/4/57</b> Death occurred at _____ p. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Type or print) <b>M. D.</b>				22b. ADDRESS <b>Springfield, Missouri</b>		22c. DATE SIGNED <b>1/16/57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1/13/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ragsdale Cemetery</b>		23d. LOCATION (City, town, or county) <b>Forsyth, Missouri</b>		(State)	
24. FUNERAL DIRECTOR <b>Forsyth Funeral Home, Forsyth, Mo.</b>			ADDRESS		25. DATE RECD. BY LOCAL REG. <b>2-4-57</b>	26. REGISTRAR'S SIGNATURE <b>Edith Williams</b>		

(Licensed Embalmer's Statement on Reverse Side)

1957

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.....  
*William S. Cook*

Licensed Embalmer No. .... 4

P. O. Address.....  
*Chicago*

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.