

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31487
STATE FILE NUMBER

FILED OCT 14 1957

Registration District No. 120

Primary Registration District No. 2000

Registrar's No. 961

| | | | |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> | | c. CITY OR TOWN <u>Billings</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>OZARK HOMOEOPATHIC HOSPITAL</u> | | d. STREET ADDRESS (If outside, give location) <u>4 miles SW Billings</u> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Matthew Henry Hebrank</u> | | 4. DATE OF DEATH Month Day Year <u>October 4, 1957</u> | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>April 5, 1878</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 11. BIRTHPLACE (City and state or country) <u>New Hampton, Iowa</u> | |
| 13a. FATHER'S NAME <u>Mathew Hebrank</u> | | 13b. MOTHER'S MAIDEN NAME <u>Katheryn Zollar</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 17. INFORMANT Address <u>Mrs. John Ebert, Rt. 1, Billings, Missouri</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Paralysis</u> DUE TO (b) <u>Spontaneous Subarachnoid Hemorrhage</u> DUE TO (c) <u>Unknown Cause</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arterio Sclerosis</u> | | | 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 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.) | |
| 21. I attended the deceased from <u>10/3/57</u> to <u>10/4/57</u> and last saw her alive on <u>10/4/57</u> Death occurred at <u>12:15 A. M.</u> <u>10/4/57</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Andrew Martinick, D.O.</u> | | 22b. ADDRESS <u>700 E. Sunshine Springfield, Missouri</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u> | |
| 23b. DATE <u>10/7/1957</u> | | 23d. LOCATION (City, town, or county) (State) <u>Lawrence Co., Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>J. Dean Harris, Clever, Mo.</u> | | 26. REGISTRAR'S SIGNATURE <u>Ernest Williamson</u> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *John Harris*

Licensed Embalmer No. *4390*

P. O. Address *Cleveland, Mo.*

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.