TILED JAN 12 1950 Interest Death    File Number   State File Numbe			THE DIVISION OF HEALT	H OF MISSOURI	59-00	0938	
P. PLACE OF DEATH   COUNTY Greene   STATE MISSOURY   ST	• 5450 44M 4.0 40F0	S	TANDARD CERTIFICA	NTE OF DEATH		· · · · · · · · · · · · · · · · · · ·	
De PLACE OF DEATH  C. COUNTY  Greene  b. CITY (if conside copporate limits, give TOWNSHIP only) Inside Limits  O. STATE MISSOURT S.  O. CITY  TOWN  Springfield  C. CITY	TILLU JAN 12 1959	tion District No	/28 Pri	mary Registration District No.	200 0 Regis	trar's <u>No. 12</u>	
OR TOWN Springfield  C. FULL NAME OF CIP (If NOT in hospitel, give location)  C. FULL NAME OF CIP (If NOT in hospitel, give location)  C. FULL NAME OF CIP (If NOT in hospitel, give location)  C. FULL NAME OF CIP (If NOT in hospitel)  C. FULL NAME OF CIP (If NOT in hospitel)  C. FULL NAME OF CIP (If NOT in hospitel)  C. FULL NAME OF CIP (If NOT in hospitel)  C. FULL NAME OF CIP (If NOT in hospitel)  C. FULL NAME OF CIP (If NOT in hospitel)  C. FULL NAME OF CIP (If Not in hospitel)  C. FUL	1. PLACE OF DEATH	1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before		
MOSPITAL OR   Mospital   Model   Lost   Depth   Model   Depth   Dept	OR	OR Vac No C			ngfield 234	( )	
Comparison   ALMA   JANE   DENNIS   OPERIT   January   2, 1959	c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b		d. STREET ADDRESS 810	(If outside, give location N. National	· 1		
S. SEX   6. COLOR OR RACE   7. MARRIED NEVER MARRIED   20. DATE OF BIRTH   9. AGE (in verw is FUNDER 12 A INSE   10. MOST   10. MOST	(T == ==:=+)				OF		
10. USJAL OCCUPATION (dive kind of west does   10. KIND OF BUSINESS OR HOMESTAY   11. BIRTHPLACE (City and state or country)   12. CITIZEN OF WHAT COUNTRY?   13. MOTHER'S MANDEN NAME   14. NAME OF HUSBAND OR WIFE   13. MOTHER'S MAIDEN NAME   14. NAME OF HUSBAND OR WIFE   15. WAS DECEASED EVER IN U. S. ARNED FORCEST.   16. SOCIAL SECURITY NO   17. INFORMANT   Address   Address   Springfield   MISBOURT   18. CAUSE OF DEATH (Enter only one course per per for (of) (b), and (c)   18. CAUSE OF DEATH (Enter only one course per per for (of) (b), and (c)   18. CAUSE OF DEATH (Enter only one course per per for (of) (b), and (c)   18. CAUSE OF DEATH (Enter only one course per per for (of) (b), and (c)   19. WAS AUTOPEY PART II. DEATH WAS CAUSED BY:    Conditions, if are, which gives it as to be course (of)   19. WAS AUTOPEY PERFORMED?   19. WAS AUTOPEY P		MARI	RIED NEVER MARRIED NEVER MARRIED			7	
Samuel Chatterton  Margaret Langford  Deceased  15. WAS DECEASED EVER IN U. S. ARMED PORCESS  (Yes, go, or unknown) (If yes, give Mingd date of service)  16. SOCIAL SECURITY NO  NO  17. INFORMANT  Hugh Dennis  Springfield, Missouri  18. CAUSE OF DEATH WAS CAUSED BY:  HAUGH Dennis  Springfield, Missouri  INTERVAL BETWEEN ONSET AND DEATH ONSET AND DE	10a. USUAL OCCUPATION (Give kind of we during most of everking life, even if reti	rk done 10b, KIN	D OF BUSINESS OR	11. BIRTHPLACE (City and atas	or country) 12. CIT		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, No. or unknown) (If yes, give was of dates of service)  18. CAUSE OF DEATH (irre only one course per life for (a), (b), and (c))  18. CAUSE OF DEATH (irre only one course per life for (a), (b), and (c))  18. CAUSE OF DEATH (irre only one course per life for (a), (b), and (c))  18. CAUSE OF DEATH (irre only one course per life for (a), (b), and (c))  18. CAUSE OF DEATH (irre only one course per life for (a), (b), and (c))  18. CAUSE OF DEATH (irre only one course per life for (a), (b), and (c))  18. CAUSE OF DEATH (irre only one course per life for (a), (b), and (c))  18. CAUSE OF DEATH (irre only one course per life for (a), (b), and (c))  19. WAS AUTOPSY PERFORMED?  20. ACCIDENT SUICIDE HOMICIDE  20. DUE TO (c)  20. ACCIDENT SUICIDE HOMICIDE  20. TIME OF Hour Month, Day, Year INJURY (e.g., inor about home, life bidg, etc.)  20. INJURY OCCURRED  WORK  21. I attended the deceased from Morah 1957, to 1-2-59 and last saw her life on the best of my knowledge, from the course stated.  22. SIGNIFIE  22. SIGNIFIE  23. BURIAL CREMATION, 23b DATE REMOVAL (Specify Runy)  23b. ADDRESS  25c. DATE RECO. BY LOCAL REG.  26d. PLACE OF INJURY (e.g., inor about home, life and the date stated above; and to the best of my knowledge, from the courses stated.  27c. SIGNIFIE  28b. BURIAL CREMATION, 23b. DATE REMOVAL (Specify Runy)  29c. BURIAL CREMATION, 23b. DATE REMOVAL (Specify Runy)  29c. ADDRESS  29c. Date RECD. BY LOCAL REG.  29c. Decarring field, Mo. 1-6-59  29c. BURIAL CREMATION, MISSOURI  29c. PLACE OF INJURY (e.g., inor about home, life and the date stated above; and to the best of my knowledge, from the courses stated.  29c. SIGNIFIE  29c. SIGNIFIE	130. FATHER'S NAME		135. MOTHER'S MAIDEN NA	ME .	1	WIFE	
18. CAUSE OF DEATH (Enter only one cause per late for (a), (b), and (c)?   18. CAUSE OF DEATH (Enter only one cause per late for (a), (b), and (c)?   18. CAUSE OF DEATH (Enter only one cause per late for (a), (b), and (c)?   18. CAUSE OF DEATH (Enter only one cause per late for (a), (b), and (c)?   19. CAUSE OF DEATH (Enter only one cause per late for (a), (b), and (c)?   19. CAUSE OF DEATH (Enter only one cause per late for (a), (b), and (c)?   19. CAUSE OF DEATH (Enter only one cause per late for (a), (b), and (c)?   19. CAUSE OF DEATH (Enter only one cause per late for (a), (b), and (c)?   19. CAUSE OF DEATH (Enter only one cause per late for (a), (b), and (c)?   19. CAUSE OF DEATH (Enter only one cause per late for (a), (b), and (c)?   19. CAUSE OF DEATH (Enter only one cause per late for (a), (b), and (c)?   19. CAUSE OF DEATH (Enter only one cause per late for (a), (b), and (c)?   19. CAUSE OF DEATH (Enter only one cause per late for (a), (b), and (c)?   19. CAUSE OF DEATH (Enter only one cause per late for (a), (b), and (c)?   19. CAUSE OF DEATH (Enter only one cause per late for (a), (b), and (c)?   19. CAUSE OF DEATH (Enter only one cause per late for (a), (b), and (c)?   19. CAUSE OF DEATH (Enter only one cause per late for (a), (b), and (c)?   19. CAUSE OF DEATH (Enter only one cause per late for (a), (b), and (c)?   19. CAUSE OF DEATH (Enter only one cause per late for (a), (b), and (c)?   19. CAUSE OF DEATH (Enter only one cause for (a), (c), (c), (c), (c), (c), (c), (c), (c					<del></del>		
18. CAUSE OF DEATH (Enter only one cause per per for (a) (b), and (c) PART I. DEATH WAS CAUSE BY:  IMMEDIATE CAUSE (a)  DUE TO (b)  which gave rise to perfect the content of the formulation of the formul	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give was or dates of service)				Springfield	i, Missouri	
20c. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  20c. TIME OF Hour Month, Day, Year INJURY o.g., in or about home, p.m.  20d. INJURY OCCURRED WHILE farm, factory, street, office bidg., etc.)  21. I attended the deceased from Death AT WORK  21. I attended the deceased from Death AT WORK  22c. SIGNATURE  22c. SIGNATURE  22c. SIGNATURE  22c. PATE SIGNED  22c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City, town, or county)  24 FUNERAL DIRECTOR  ADDRESS  25. DATE RECD. BY LOCAL REG.  26. REGISTRAR'S SIGNATURE  27d. Missouri  27d. REGISTRAR'S SIGNATURE  28d. REGISTRAR'S SIGNATURE  29d. MISSOURI  21d. ACCIDENT SUICIDE  22d. ADDRESS  22d. ADDRESS  22d. LOCATION (City, town, or county)  22d. LOCATION (City, town, or county)  22d. ACCIDENT SUICIDE  22d. Springfield, Missouri  22d. ADDRESS  22d. LOCATION (City, town, or county)  22d. ACCIDENT SUICIDE  22d. ADDRESS  22d. LOCATION (City, town, or county)  22d. LOCATION (City, town, or county)  22d. REGISTRAR'S SIGNATURE  22d. FUNERAL DIRECTOR  22d. REGISTRAR'S SIGNATURE  22d. MISSOURI  22d. REGISTRAR'S SIGNATURE  22d. MISSOURI  22d. REGISTRAR'S SIGNATURE  22d. MISSOURI  22d. MISSOURI  22d. REGISTRAR'S SIGNATURE  22d. MISSOURI  22d. MISSOURI  22d. REGISTRAR'S SIGNATURE  22d. MISSOURI  22d. MISSOURI  22d. MISSOURI  22d. MISSOURI  22d. ADDRESS	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gove rise to above cause (a), stating the under- lying cause last.  DUE TO (c)  DUE TO (c)						
20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.  20d. INJURY OCCURRED WHILE AT WORK PORK AT WORK  21. I attended the deceased from Death Jury (e.g., in or observable, etc.)  21. I attended the deceased from Death Jury (e.g., in or observable, etc.)  22. SIGNATURE (Death Jured at Jury)  22. SIGNATURE (Death Jury)  23. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY  23d. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Webster County, Missouri  24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG.  26. REGISTRAR'S SIGNATURE  27. Mallow  28. REGISTRAR'S SIGNATURE  28. REGISTRAR'S SIGNATURE  29. Mallow  20f. CITY, TOWN, OR LOCATION COUNTY  STATE  4. STATE  5. STATE  6. SO  6. STATE  6. STATE  6. STATE  6. STATE  6. STATE  6. STATE  6. STATE	PICA R				442x	PERFORMED? YES NO	
WHILE AT WORK  21. I attended the deceased from MARCH 1951, to 1-2-59 and last saw her alive on 12-24-58  Death of urred at 6:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.  22a. SIGNABLE  22b. ADDRESS  22c. DATE SIGNED  23c. NAME OF CEMETERY OR CREMATORY  Burial  24. FUNERAL DIRECTOR  ADDRESS  25. DATE RECD. BY LOCAL REG.  26. REGISTRAR'S SIGNATURE  J.W. KLINGNER & CO. Springfield, Mo. 1-6-59  Edia 2. Multan	20c. TIME OF Hour Month, Day, Year INJURY a.m.						
21. I attended the deceased from MARCH 1957, to 1-2-59 and last saw her policy and 12-24-58  Death policy at 1957, to 1-2-59 and last saw her policy and 10 the best of my knowledge, from the causes stated.  22a. SIGNOURE (Decomposition)  22b. ADDRESS  Springfield, Missouri 22c. Date signed 1-3-59  23a. BURIAL, CREMATION, REMOVAL (Specify)  REMOVAL (Specify)  Burial 24. FUNERAL DIRECTOR ADDRESS  25. Date RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 1-4-59  L. W. KLINGNER & CO. Springfield, Mo. 1-6-59  L. Webster County, Missouri 25. Date RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 27. Mellow	P.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNT					STATE	
23a. BURIAL, CREMATION, REMOVAL (Specify)  Burial  24. FUNERAL DIRECTOR  ADDRESS  J.W. KLINGNER & CO. Springfield, Mo.  25. Springfield, Missouri  26. Springfield, Mo.  27. Springfield, Missouri  28. LOCATION (City, town, or county)  Webster County, Missouri  26. REGISTRAR'S SIGNATURE  ADDRESS  27. DATE RECD. BY LOCAL REG.  28. REGISTRAR'S SIGNATURE  ADDRESS  J.W. KLINGNER & CO. Springfield, Mo.  28. DATE RECD. BY LOCAL REG.  29. DATE RECD. BY LOCAL REG.  20. DATE RECD. BY LOCAL REG.  20. DATE RECD. BY LOCAL REG.  20. DATE RECD. BY LOCAL REG.  21. DATE RECD. BY LOCAL REG.  22. DATE RECD. BY LOCAL REG.  23. DATE RECD. BY LOCAL REG.  24. DATE RECD. BY LOCAL REG.  25. DATE RECD. BY LOCAL REG.  26. REGISTRAR'S SIGNATURE  ADDRESS  ADDRE	21. I attended the deceased from MARCH 1957, to 1-2-59 and last saw her alive on 12-24-58						
REMOVAL (Specify) Burial  1-4-59 Dennis Cemetery  Webster County, Missouri  24. FUNERAL DIRECTOR  ADDRESS  25. DATE RECD. BY LOCAL REG.  26. REGISTRAR'S SIGNATURE  J.W. KLINGNER & CO. Springfield, Mo.  1-6-59  Fig. 2. Meltan	22a. SIGNATURE	(D-9)4	10° ;	1	, Missouri	7	
24. FUNERAL DIRECTOR  ADDRESS  25. DATE RECD. BY LOCAL REG.  26. REGISTRAR'S SIGNATURE  J.W. KLINGNER & CO. Springfield, Mo.  1-6-59  Efficie 2. Meltan	REMOVAL (Specify)	-0	_				
	24. FUNERAL DIRECTOR	ADDRESS	25. D	<del></del>	<del></del>	meltan	
				itement on Reverse Side)	6 Mm a	an	

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is	recorded on the reverse side of this certificate was embalment
by me, or by	, Student Embalmer No.
working under my personal supervision.	m An
Ch., Jamb	sinhal lax ftod

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his WN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

Licensed Embalmer No

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.

Signature of Student Embalmer