Health, Welfare Public Service

300
-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-005144
STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 208

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Springfield — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mercy Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield 0396 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 730 N. National — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First LIZZIE Middle B. Last GREENHAW

4. DATE OF DEATH Month Day Year February 25, 1959

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH 30 August 1870
9. AGE (In years last birthday) 88 — 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 Home
11. BIRTHPLACE (City and state or country) Kentucky
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME A.P.Huffman
13b. MOTHER'S MAIDEN NAME Elizabeth Payne
14. NAME OF HUSBAND OR WIFE Deceased

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 Hospital Records Address

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) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH 6 mo
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) 4200
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 6-13-1958, to 2/25/59 and last saw her alive on 2-25-59
Death occurred at 9:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. M. Klingner M.D.
22b. ADDRESS 1630 N. Jefferson Springfield, Missouri
22c. DATE SIGNED 2-26-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-28-59
23c. NAME OF CEMETERY OR CREMATORY Greenlawn
23d. LOCATION (City, town, or county) (State) Springfield, Missouri

24. FUNERAL DIRECTOR ADDRESS J.W.KLINGNER & CO. SPRINGFIELD, MO.
25. DATE RECD. BY LOCAL REG. 2-26-59
26. REGISTRAR'S SIGNATURE Effie G. Melton

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Glen D. Williams

Licensed Embalmer No. 4651

P. O. Address Springfield

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.