Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005177

STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 195

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): Bk Burge 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): 727 E. Walnut — Reside on Farm: Yes [ ] No [XX]

3. NAME OF DECEASED (Type or print): First: KATHERINE — Middle: H. — Last: MACK

4. DATE OF DEATH: Month: February — Day: 22, — Year: 1959

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [XX] DIVORCED [ ]

8. DATE OF BIRTH: 3 April 1874

9. AGE (In years last birthday): 84 — 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): Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John H. Holaway

13b. MOTHER'S MAIDEN NAME: Jessie Bannon

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.: Unknown

17. INFORMANT Address: Hospital Records

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cerebral thrombosis c̄ Hemiplegia left complete — INTERVAL BETWEEN ONSET AND DEATH: 2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c): Hypertension + arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 332X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 Feb 20, 59, to 2/22/59 and last saw her alive on 2-22-59. Death occurred at 9:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. Newton Walkman M.D.

22b. ADDRESS: Woodruff Building, Springfield, Missouri

22c. DATE SIGNED: 2-23-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2-25-59

23c. NAME OF CEMETERY OR CREMATORY: Hazelwood Cemetery

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.: 2-25-59

26. REGISTRAR'S SIGNATURE: Effie G. Melton

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAR 3 1959

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 Max Rhode

Licensed Embalmer No. 407

P. O. Address Spring Ju

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.