Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005212
STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY Greene	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Baxter
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Springfield — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN Clark Ridge 8030 8 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Springfield Baptist Hospital — Length of stay in 1b D.O.A.	d. STREET ADDRESS (If outside, give location) Clark Ridge — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Patsy Middle Jeraldine Last Strain		4. DATE OF DEATH Month FEB. Day 10 Year 59	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 1-17-1938
9. AGE (In years last birthday) 21	IF UNDER 1 YEAR Months 0 Days 23	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Clark Ridge, ARK.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Ruben Stone	13b. MOTHER'S MAIDEN NAME Nova Fitz Patrick	14. NAME OF HUSBAND ~~OR WIFE~~ Claudean Strain	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. unknown	17. INFORMANT Mrs Ruben Stone Address Clark Ridge Ark	

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) Neurogenic + Hemorrhagic Shock — INTERVAL BETWEEN ONSET AND DEATH

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

DUE TO (b) Inversion of Uterus at Delivery — 2 Hours

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 6776

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 10 30 A, to _____ and last saw her/him alive on _____
Death occurred at D.O.A. 10 30 A 2/10/59 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Walter A. German Jr., M.D.	22b. ADDRESS 1211 S. Glenstone	22c. DATE SIGNED 2/10/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-10-59	23c. NAME OF CEMETERY OR CREMATORY unknown
23d. LOCATION (City, town, or county) (State) Mt Home, ARK		
24. FUNERAL DIRECTOR ADDRESS Hall Mitchel F.H. Mtn. Home Ark	25. DATE RECD. BY LOCAL REG. 2-13-59	26. REGISTRAR'S SIGNATURE Effie G. Mellon

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 .....

Licensed Embalmer No. 4855

P. O. Address .....

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.