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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-021021
STATE FILE NUMBER

UN 20511

FILED JUN 22 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 579 B

1. PLACE OF DEATH a. COUNTY Greene	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Springfield — Inside Limits Yes [ ] No [X]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge — Length of stay in 1b Unknown	d. STREET ADDRESS (If outside, give location) Route 5 Box 462 — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First Henry Middle Last Stamps	4. DATE OF DEATH Month Day Year June 11, 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]	8. DATE OF BIRTH Oct. 30, 1886
9. AGE (In years last birthday) 72	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) Ret. City Employee	10b. KIND OF BUSINESS OR INDUSTRY City Employee	11. BIRTHPLACE (City and state or country) Unknown	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Eligah Stamps	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN	16. SOCIAL SECURITY NO. 500-10-3332	17. INFORMANT Mrs. Goldie Hoppe	Address 2039 N. Robberson

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 12 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis — 5 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X

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 July 1957, to June 11, 59 and last saw ~~her~~ him alive on June 8, 1959

Death occurred at 1000p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) G. D. Callaway Jr MD	22b. ADDRESS Springfield, Mo	22c. DATE SIGNED June 12, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 13, 1959	23c. NAME OF CEMETERY OR CREMATORY Robberson Prairie
23d. LOCATION (City, town, or county) (State) Greene county, Missouri		
24. FUNERAL DIRECTOR ADDRESS J.W. Klingner & Co. Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 6-17-59	26. REGISTRAR'S SIGNATURE Effie G. Melton

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 ..... Signed .....
Signature of Student Embalmer

Licensed Embalmer No. 401

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.