

**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
**FILED VS JUL 20 1959**

**59-024825**  
 STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 752

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo</b> b. COUNTY <b>Greene</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>                   |  | c. CITY OR TOWN <b>Springfield</b>  |  |
| c. FULL NAME OF THE PLACE (If in hospital, give location) HOSPITAL OR INSTITUTION <b>D O A Handley</b> |  | d. STREET ADDRESS (If outside, give location) <b>1362 E Division St.</b>  |  |

|  |                               |   |  |                                  |  |
|--|-------------------------------|---|--|----------------------------------|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>LESLIE</b> Middle <b>STALLINGS</b> Last <b>STALLINGS</b> |                               |   | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>II</b> Year <b>1959</b> |                                  |  |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>Negro</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>Mar '24-80</b>                                   | 9. AGE (last birthday) <b>79</b> | IF UNDER 1 YEAR<br>Months <b>7</b> Days <b>14</b> Hours <b>24</b> Min. <b>10</b> |

|   |  |  |  |
|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b> | 10b. KIND OF BUSINESS OR INDUSTRY                | 11. BIRTHPLACE (City and state or country) <b>Wright Co Mo</b> | 12. CITIZEN OF WHAT COUNTRY <b>USA</b> |
| 13a. FATHER'S NAME <b>Louis Stallings</b>   | 13b. MOTHER'S MAIDEN NAME <b>Cornelia Oliver</b> | 14. NAME OF HUSBAND OR WIFE <b>Myrtle Stallings</b>            |  |

|  |                                  |   |
|--|----------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <b>?</b> | 17. INFORMANT Address <b>Myrtle Stallings 1362 E Division St.</b> |
|--|----------------------------------|---|

|   |                  |                                  |
|---|------------------|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cardio-Pulmonary Disease</b> |                  | INTERVAL BETWEEN ONSET AND DEATH |
| 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) |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
|---|--|--|--|

|  |   |  |
|--|---|--|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.  | Month, Day, Year _____  |  |

|   |  |  |
|---|--|--|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION <b>Springfield</b> COUNTY <b>Greene</b> STATE <b>Mo</b> |
| 21. I attended the deceased from <b>1957</b> to <b>July 11, 1959</b> and last saw him alive on <b>July 2, 1959</b><br>Death occurred at <b>12:30 p</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |  |

|   |                                     |  |
|---|-------------------------------------|--|
| 22a. SIGNATURE (Degree or title) <b>Leman D. Brown M.D.</b> | 22b. ADDRESS <b>311 1/2 College</b> | 22c. DATE SIGNED <b>7/14/59</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>     | 23b. DATE <b>July 15-59</b>         | 23c. NAME OF CEMETERY OR CREMATORY <b>Hazlewood</b>                        |
|   |                                     | 23d. LOCATION (City, town, or county) <b>Springfield</b> (State) <b>Mo</b> |

|   |   |  |
|---|---|--|
| 24. FUNERAL DIRECTOR <b>H. V. Smith, 602 N. Jefferson</b> ADDRESS | 25. DATE RECD. BY LOCAL REG. <b>7-15-59</b> | 26. REGISTRAR'S SIGNATURE <b>Effie B. Melton</b> |
|---|---|--|

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Herbert V. Sme

Licensed Embalmer No. 428  
P. O. Address Spring

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.