JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–032052

STATE FILE NUMBER

FILED VS. OCT 13 1959

NDED

Registration District No. 1/28 Primary Registration District No. 2000 Registrar's No. 1021B

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) DEVINE REST HOME — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY GREENE
c. CITY OR TOWN SPRINGFIELD, — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 734 MADISON AVE — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MATTIE Middle MAE Last SHULL

4. DATE OF DEATH Month SEPT. 27 Day 27 Year 1959

5. SEX Female
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 4/9/1864
9. AGE (last birthday) 95 — IF UNDER 1 YEAR Months 5 Days 18 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (City and state or country) WAMEGO KANSAS
12. CITIZEN OF WHAT COUNTRY USA.

13a. FATHER'S NAME UNKNOWN
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) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Reuben Rippee Springfield Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Natural Causes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterio Sclerotic Heart Disease with Congestive Failure over 2 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) Generalized Arteriosclerosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 12/10/57, to 9/27/59 and last saw her alive on 9/17/59
Death occurred at 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) David A. Hall, MD
22b. ADDRESS Springfield, Mo
22c. DATE SIGNED 10/11/59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 9-30-59
23c. NAME OF CEMETERY OR CREMATORY BURR OAK CEM
23d. LOCATION (City, town, or county) (State) Burr Oak, Ks.

24. FUNERAL DIRECTOR John S. Simpson ADDRESS Hartville, Mo.
25. DATE RECD. BY LOCAL REG. 10-5-59
26. REGISTRAR'S SIGNATURE Effie E. Melton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

OCT 1 5 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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed [illegible]

Licensed Embalmer No. 5171

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.