

FILED MAY 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12898

STATE FILE NUMBER

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 445

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			c. CITY OR TOWN Springfield		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Burge Hosp.			d. STREET ADDRESS (If outside, give location) 734 W. Scott		
3. NAME OF DECEASED (Type or print) First ELLEN Middle GERTRUDE Last APPLEBY			4. DATE OF DEATH Month May Day 10 Year 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4 Jan. 1876	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker			10b. KIND OF BUSINESS OR INDUSTRY At Home		
11. BIRTHPLACE (City and state or country) Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Thomas J. Dulin			14. MOTHER'S MAIDEN NAME Grissom		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. No		
17. INFORMANT Joe Hayes			Address Springfield, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Vascular Hypertension Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) None PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) None					INTERVAL BETWEEN ONSET AND DEATH 6 yrs 5/10/16
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) None					
20c. TIME OF INJURY Hour a. m. p. m. None					
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.) Home		20f. CITY, TOWN OR LOCATION W. Scott or Springfield	
21. I attended the deceased from Jan 1948 to May 10 1956 and last saw her alive on Jan 12 1956 Death occurred at 4:40 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Robert H. Glynn (Degree or title)					22b. ADDRESS 1211 S. Glenstone Springfield, Missouri
22c. DATE SIGNED 5-11-56					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/13/56		23c. NAME OF CEMETERY OR CREMATORY Mt. Comfort Cemetery	
23d. LOCATION (City, town, or county) Greene County					(State) Springfield, Missouri
24. FUNERAL DIRECTOR J.W. Klingner & Co.			25. DATE RECD. BY LOCAL REG. 5-11-56		
26. REGISTRAR'S SIGNATURE Edith Williams					

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

NOV 15 1956

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No.....
P. O. Address.....

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