S. No. 300
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Call FILED DEC 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36700
State File No.

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1056

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Springfield Baptist

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield 0396 U
d. STREET ADDRESS (If rural, give location): 2028 W. Elm

3. NAME OF DECEASED (Type or Print)
a. (First): Ora
b. (Middle): A.
c. (Last): Gustafson

4. DATE OF DEATH (Month) (Day) (Year): Nov. 30 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: AUG 10-1878
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: In Home
11. BIRTHPLACE (State or foreign country): SPRING TOWN ARKANSAS
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: J. COLLINS
13b. MOTHER'S MAIDEN NAME: JANE HALL
14. NAME OF HUSBAND OR WIFE: A. E. Gustafson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Mr. A. E. Gustafson — ADDRESS: Sprinnfield

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Heart Disease and
DUE TO (c) Hypertensive Heart Disease

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* — 4200

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 6 March, 1950, *to* 30 Nov, 1950, *that I last saw the deceased alive on* 29 Nov, 1950, *and that death occurred at* 12:20a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Stanley S. Peterson (Degree or title) MD
23b. ADDRESS: Springfield Missouri
23c. DATE SIGNED: 1 Dec 50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DEC. 2, 1950
24c. NAME OF CEMETERY OR CREMATORY: MAPLE PARK
24d. LOCATION (City, town, or county) (State): SPRINGFIELD, MO.

DATE REC'D BY LOCAL REG.: 12-1-50
REGISTRAR'S SIGNATURE: W. E. Handley MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: J. W. Klingner & Co. Springfield

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Spring Field

Signed _____
Student Embalmer

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 this body is not embalmed, fact should be so stated above.