

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH  
a. COUNTY Greene  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield  
c. LENGTH OF STAY (in this place) 20 yr  
d. FULL NAME OF HOSPITAL OR INSTITUTION 2237 N. Taylor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Greene  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield 0396  
d. STREET ADDRESS (If rural, give location) 2237 N. Taylor

3. NAME OF DECEASED  
a. (First) WILLIAM b. (Middle) B. c. (Last) MYNATT  
4. DATE OF DEATH (Month) (Day) (Year) December 25, 1951

5. SEX Male 0 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Married  
8. DATE OF BIRTH May 10, 1883 9. AGE (In years last birthday) 68

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber  
10b. KIND OF BUSINESS OR INDUSTRY Barber  
11. BIRTHPLACE (State or foreign country) Tenn.  
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME W. B. Mynatt  
13b. MOTHER'S MAIDEN NAME --- Unknown ---  
14. NAME OF HUSBAND OR WIFE Sarah F. Mynatt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No  
16. SOCIAL SECURITY NO. Unknwn  
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Max Mynatt, 2237 N. Taylor

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Occlusion  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, moderate at least 2 yrs.  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

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 Aug. 1948, to 12-25-51, 1951, that I last saw the deceased alive on 25 Dec., 1951, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harris E. Quabbe, M.D.  
23b. ADDRESS Springfield 2, Mo.  
23c. DATE SIGNED 26 Dec 51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  
24b. DATE 12-28-51  
24c. NAME OF CEMETERY OR CREMATORY Hazelwood  
24d. LOCATION (City, town, or county) (State) Springfield, Mo.

DATE REC'D BY LOCAL REG. 12-28-51  
REGISTRAR'S SIGNATURE Edith Williams, Deputy Registrar  
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. W. KLINGNER, SPRINGFIELD, MO.

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

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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 .....  
Student Embalmer

Signed

*Walter D. Woodcock*

Licensed Embalmer No.

*4005*

P. O. Address

*Springfield, Mo.*

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.