

HEALTH, WELFARE PUBLIC SERVICE
 300-1-56
 ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE BY YEAR 10. NO SYMPTOMS WILL BE LISTED. ALL DISEASES IN PART I MUST BE CASUALLY RELATED. CORONER NOT CERTIFY TO A DEATH DUE TO NATURAL CAUSES.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. John Williams
 FILED APR 27 1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
 8434

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 296

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 419 E. BROWER		d. STREET ADDRESS (If outside, give location) 419 E. BROWER	

3. NAME OF DECEASED (Type or print) First RUTH Middle BEVERLY Last FLANARY			4. DATE OF DEATH Month MARCH Day 26, Year 1956		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 25, 1897	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SPRINGFIELD LAUNDRY		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) SPRINGFIELD, MISSOURI	
13. FATHER'S NAME Tom Flanary			14. MOTHER'S MAIDEN NAME Mary Jane Evans		
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. 491-03-6169		17. INFORMANT Address MRS RUBY FIELDS, 419 E. BROWER	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension</u>			
DUE TO (c)			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>In attack of Myocardial infarction</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Hour Month, Day, Year a. m. p. m.			

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 COUNTY STATE
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21. I attended the deceased from Dec 10, 55 to 3-26-56 and last saw her alive on 3-25-56
 Death occurred at 11:20 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>John Williams M.D.</u>	(Degree or title)	22b. ADDRESS <u>Springfield</u>	22c. DATE SIGNED <u>3-27-56</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3/28/56	23c. NAME OF CEMETERY OR CREMATORY HAZELWOOD CEMETERY	23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI
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24. FUNERAL DIRECTOR HERMAN H. LOHMEYER, SPRINGFIELD	ADDRESS	25. DATE RECD. BY LOCAL REG. 3-29-56	26. REGISTRAR'S SIGNATURE <u>Edna Williams</u>
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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.....
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.