FILED JUN 18 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20137

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 545

1. PLACE OF DEATH a. COUNTY Greene	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Virginia b. COUNTY Alexandria
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes X No ☐	c. CITY OR TOWN Alexandris 8458 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1352 N.Robberson — Length of stay in lb 18 days	d. STREET ADDRESS (If outside, give location) 3809 Milan Drive — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First GENEVIEVE	Middle K.	Last BARSTOW	4. DATE OF DEATH Month June Day 14, Year 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 29 Jan. 1910	9. AGE (In years last birthday) 46 — 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) Ret.Foreign Service of Agri.	10b. KIND OF BUSINESS OR INDUSTRY U.S. Government	11. BIRTHPLACE (City and state or country) Springfield, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Ben H. Davis		14. MOTHER'S MAIDEN NAME Ethel D		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. ----	17. INFORMANT Karl J. Barstow, Address 3809 Milan Drive, Alexandria, Va.		

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis probably - D.O.A. - few minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Polycystic kidneys

DUE TO (c) Hypertension

INTERVAL BETWEEN ONSET AND DEATH: 1941

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

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 D.O.A., to _____ and last saw her/him alive on _____

Death occurred at 12:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Henry F Krabb, Jr., MD	22b. ADDRESS 1630 N. Jefferson Springfield, Mo.	22c. DATE SIGNED 6/15/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 18June1956	23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
23d. LOCATION (City, town, or county) (State) Springfield, Missouri.		
24. FUNERAL DIRECTOR Ralph A Thiem — ADDRESS 1200 Brownville Avenue Springfield, Missouri	25. DATE RECD. BY LOCAL REG. 6-15-56	26. REGISTRAR'S SIGNATURE Edith Williams

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Ralph H. Thiem

Licensed Embalmer No. 36

P. O. Address Springfield

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.