FILED AUG 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 23348

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 700

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2129 S. HAMPTON — Length of stay in Ib 12 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY GREENE
c. CITY OR TOWN SPRINGFIELD 0396 — Inside Limits Yes X No ☐
d. STREET ADDRESS 2129 S. HAMPTON (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First LILLIAN Middle M. Last BONES

4. DATE OF DEATH Month JULY Day 30 Year 1956

5. SEX FEMALE 1

6. COLOR OR RACE WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X 2 DIVORCED ☐

8. DATE OF BIRTH OCT 2, 1855

9. AGE (In years last birthday) 100 — 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) HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY IN HOME

11. BIRTHPLACE (City and state or country) NEW YORK 1

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME JAMES B. MATHEWS

14. MOTHER'S MAIDEN NAME UNKOWN

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 W.R.DDIAPER — Address SPRINGFIELD, MISSOURI

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) : Probable Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH Unknown

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

UNATTENDED BY A PHYSICIAN

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 ____ to ____ and last saw her/him alive on ____~~
Death occurred at 11:00 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edith Williamson (Degree or title) Local Registrar of Vital Statistics

22b. ADDRESS Greene County Court House Springfield, Mo.

22c. DATE SIGNED 7-31-56

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE JULY 31, 56

23c. NAME OF CEMETERY OR CREMATORY MAPLE PARK CEMETERY

23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI

24. FUNERAL DIRECTOR J W Klingbeil — ADDRESS SPRINGFIELD, MISSOURI

25. DATE RECD. BY LOCAL REG. 7-31-56

26. REGISTRAR'S SIGNATURE Edith Williamson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

OCT 5 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

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.