

FILED NOV 19 1956

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 905

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Webster	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Marshfield Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL (If not in institution, give location) Springfield Baptist Hospital		Length of stay in 1b ?	d. STREET ADDRESS Route #4 (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MARGARET Middle ELIZABETH Last GOODNIGHT			4. DATE OF DEATH Month October Day 5 Year 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr 3, 1877	9. AGE (In years last birthday) 79 IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Webster County, Mo		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John A. Callaway			14. MOTHER'S MAIDEN NAME Nancy Haymes		
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. None	17. INFORMANT Mrs. R. K. Rost, Daughter, Marshfield		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis with hemiplegia		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 MO
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) Gen. Arteriosclerosis	

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

21. I attended the deceased from **5/15/56** to **10/5/56** and last saw her alive on _____
Death occurred at **9:40a** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Mary A. Callaway MD (Degree or title)	22b. ADDRESS 1211 S. Glenstone Springfield, Missouri	22c. DATE SIGNED 10-8-56
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23a. BURIAL, CREMATION REMOVAL (Specify) Burial	23b. DATE 10/9/56	23c. NAME OF CEMETERY OR CREMATORY Ebenezer Cemetery	23d. LOCATION (City, town, or county) (State) Marshfield, Webster Co., Mo
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24. FUNERAL DIRECTOR BARBER-EDWARDS MARSHFIELD	ADDRESS	25. DATE RECD. BY LOCAL REG. 10-9-56	26. REGISTRAR'S SIGNATURE Wm. Williams
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300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *George Staple*
.....

Licensed Embalmer No. *31*

P. O. Address *W. H. St...*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**