

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 10 1956

STATE FILE NUMBER **37746**

Registration District No. **128** Primary Registration District No. **5462** Registrar's No. **1103**

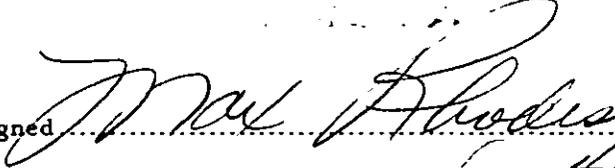
1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural 2nd Franklin</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Rural 2nd Franklin</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Springfield Rt. 1</b> Length of stay in lb <b>36 Yrs.</b>		d. STREET ADDRESS (If outside, give location) <b>Spgfd. Rt. 1 Box 660</b> Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>OLLIE</b> Middle <b>P.</b> Last <b>WARD</b>			4. DATE OF DEATH Month <b>December</b> Day <b>1</b> Year <b>1956</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>27 Feb. 1871</b>
9. AGE (In years last birthday) <b>75</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13. FATHER'S NAME <b>Henry Clay Mason</b>	
14. MOTHER'S MAIDEN NAME <b>Elementine Kinsinger</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No No</b>	
16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT <b>John A. Ward</b> Address <b>Springfield, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebral arteriosclerosis</b> DUE TO (c) <b>332XH</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 wks</b> <b>unknown</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Excision of squamous papillomata of prepuce - 5 wks</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <b>10-26-56</b> Month <b>11-20-56</b> Day <b>11-20-56</b> Year <b>11-20-56</b> a. m. <b>12:05 P.M.</b> 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 <b>Springfield, Missouri</b> COUNTY STATE	
21. I attended the deceased from <b>10-26-56</b> to <b>11-20-56</b> and last saw <b>her</b> alive on <b>11-20-56</b> Death occurred at <b>12:05 P.M.</b> m on the date stated above: <b>907 Pearl &amp; Arnold St. Bldg.</b>			
22a. SIGNATURE (Degree or title) <b>Andrew H. Ham M.D.</b>		22b. ADDRESS <b>907 Pearl &amp; Arnold St. Bldg. Springfield, Missouri</b>	
22c. DATE SIGNED <b>12-4-56</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>12-5-56</b>		23c. NAME OF CEMETERY OR CREMATORY <b>White Chapel Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Springfield, Missouri</b>		23e. (State)	
24. FUNERAL DIRECTOR <b>J.W. Klingner + Co.</b> ADDRESS <b>Spgfd. Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-5-56</b>	
26. REGISTRAR'S SIGNATURE <b>Earl Williamson</b>			

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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. .... 40

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.