FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41170

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1173

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 — Inside Limits Yes ☐ X No ☐	c. CITY OR TOWN Springfield 396 — Inside Limits Yes ☐ X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Burge Hosp. — Length of stay in 1b 40 years	d. STREET ADDRESS (If outside, give location) 2054 N. Park — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: John	Middle: Alvin	Last: Rathbun	4. DATE OF DEATH Month Day Year: Dec. 26, 1956
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED XX DIVORCED ☐	8. DATE OF BIRTH: Feb. 15, 1882	9. AGE (In years last birthday): 74 — 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): Gas worker	10b. KIND OF BUSINESS OR INDUSTRY: City Utilities	11. BIRTHPLACE (City and state or country): DesMoines, Iowa	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: Unknown		14. MOTHER'S MAIDEN NAME: Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): -----	16. SOCIAL SECURITY NO.: 491-03-7294	17. INFORMANT Address: G. A. Rathbun, Fordland, 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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 days

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

DUE TO (b) Arteriosclerosis, generalized

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 331X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 12/20/56, to 12/26/56 and last saw him alive on 12/25/56

Death occurred at 7:05 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. Richard Webb, M.D.	22b. ADDRESS: 609 Cherry St., Springfield, Mo.	22c. DATE SIGNED: 12/27/56
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 12-28-1956	23c. NAME OF CEMETERY OR CREMATORY: Robberson Prairie Cem.
23d. LOCATION (City, town, or county) (State): Greene County, Missouri.		
24. FUNERAL DIRECTOR: [signature]	ADDRESS: Springfield, Mo.	25. DATE RECD. BY LOCAL REG.: 12-28-56
26. REGISTRAR'S SIGNATURE: Edith Williamson		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 -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 em

by me, or by ....., Student Embalmer No.

working under my personal supervision..

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 3312

P. O. Address .. Springfie

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.