

FILED MAR 11 1957

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 216

1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. <b>ST. Missouri</b> b. COUNTY <b>Greene</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Brookline</b> <b>0390</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>304 Kimbrough Kimbrough Rest Home</b>			Length of stay in 1b <b>since 1953</b>			d. STREET ADDRESS <b>Route # 1</b> (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <b>APPA</b> Middle <b>STOBER</b> Last <b>STOBER</b>				4. DATE OF DEATH Month <b>March</b> Day <b>3</b> Year <b>1957</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White /</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>July 7 1860</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>			10b. KIND OF BUSINESS OR INDUSTRY			9. AGE (In years last birthday) <b>96</b>	
11. BIRTHPLACE (City and state or country) <b>Moulton, Iowa /</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13. FATHER'S NAME <b>Unknown</b>				14. MOTHER'S MAIDEN NAME <b>Unknown</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT <b>Tom Collins</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>Thrombosis, Coronary</b>						INTERVAL BETWEEN ONSET AND DEATH <b>Hours</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Family.</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.) <b>4201</b>				
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 <b>Jan 1957</b> to <b>Mar 3 1957</b> and last saw her <b>alive on Jan 3, 57</b> Death occurred at <b>9:35 p. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
21a. SIGNATURE <b>A. Newton Wakeman MD</b> (Degree or title)				21b. ADDRESS <b>Springfield Mo</b>		21c. DATE SIGNED <b>3-4-57</b>	
23. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>3/5/57</b>		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) <b>Moulton, Iowa</b>	
24. FUNERAL DIRECTOR <b>H.H. Lohmeyer</b> ADDRESS <b>Springfield, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>3-4-57</b>		26. REGISTRAR'S SIGNATURE <b>Emmett Williamson</b>		

(Licensed Embalmer's Statement on Reverse Side)

300  
-56

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms must be stated. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms may be stated. ALL

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 *J. M. C.* .....

Licensed Embalmer No. *20* .....

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.