. Health,
& Welfare
. Public
h Service

S. 300
v. 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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 14 1957

STATE FILE NUMBER 12830

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 428

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 0396 — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 935 Poplar — Length of stay in 1b: 50 years	d. STREET ADDRESS (If outside, give location): 935 Poplar — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First: Lucy	Middle: V.	Last: Romine	4. DATE OF DEATH: Month Day Year: May 3, 1957
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐	8. DATE OF BIRTH: October 5, 1874	9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 6 Days 28 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: In Home	11. BIRTHPLACE (City and state or country): Dixon, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Richard Wright		14. MOTHER'S MAIDEN NAME: Susan C. Case		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —	16. SOCIAL SECURITY NO.: —	17. INFORMANT: Mrs. Bessie Wade	Address: Springfield, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cerebral Vascular Accident	8 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerosis	20 yrs.
DUE TO (c)	Hypertension, essential	30 yrs.
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 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 1952, to 1957 and last saw her/him alive on 5/3/57

Death occurred at 5:20 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.	22b. ADDRESS: 406 Professional Bldg. Springfield, Missouri	22c. DATE SIGNED: 5/4/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: May 6, 1957	23c. NAME OF CEMETERY OR CREMATORY: Greenlawn	23d. LOCATION (City, town, or county) (State): Springfield, Missouri
24. FUNERAL DIRECTOR: Gorman Schaaf F. Home Springfield, Missouri	ADDRESS	25. DATE RECD. BY LOCAL REG.: 5-6-57	26. REGISTRAR'S SIGNATURE: Edith Williamson

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

by me, or by Douglas P. Garman, Student Embalmer No. 54

working under my personal supervision..

Student Douglas P. Garman
Signature of Student Embalmer

Signed L. Doalin Garman

Licensed Embalmer No. 317

P. O. Address Springfield, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.