FILED JUN 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20781
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 530

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGE HOSP. — Length of stay in Ib 64 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY GREENE
c. CITY OR TOWN SPRINGFIELD — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1459 N. GRANT — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First EDNA Middle Last STUTZMAN

4. DATE OF DEATH Month Day Year JUNE 7, 1957

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH AUG. 28, 1876
9. AGE (In years last birthday) 80 — 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) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY IN HOME
11. BIRTHPLACE (City and state or country) ILL.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME JOSIE BAYS
14. MOTHER'S MAIDEN NAME ELIZA MILLS

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 Address ROBERT STUTZMAN, SPRINGFIELD, MO.

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) Paraletic ulleus — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs
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)
Fracture left hip 5-28-57 — 5701.F

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 5-27-57, to 6-7-57 and last saw her/him alive on 6-7-57
Death occurred at 9:00p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul C Morton (Degree or title) MD
22b. ADDRESS 1630 N. Jefferson, Spfg., Mo
22c. DATE SIGNED 6-8-57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 6-10-57
23c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY
23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI

24. FUNERAL DIRECTOR J W Kluegel Co ADDRESS SPRINGFIELD, MISSOURI
25. DATE RECD. BY LOCAL REG. 6-10-57
26. REGISTRAR'S SIGNATURE Faith Williamson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

SEP 18 1957

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 Glen D. Williams

Licensed Embalmer No. 46

P. O. Address Fresno

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.