THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 5 1957

STATE FILE NUMBER 24198

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 774

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 ☒ No ☐	c. CITY OR TOWN Springfield 0396 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Burge Hospital — Length of stay in lb 45 years	d. STREET ADDRESS (If outside, give location) 627 N. Forest — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Lula Middle Last Peebles		4. DATE OF DEATH Month Day Year July 31, 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH March 24, 1877
9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 4 Days 7	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) Christian County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Samuel Frazier		14. MOTHER'S MAIDEN NAME Elizabeth McCroskey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO.	17. INFORMANT William S. Peebles Address 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:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral hemorrhage	4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Essential hypertension	Unknown
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 ☒ 2

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 January, 1956, to July 31, 1957 and last saw her/him alive on 7/30/57

Death occurred at 5:25 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 7/31/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE August 2, 1957	23c. NAME OF CEMETERY OR CREMATORY Frazier
23d. LOCATION (City, town, or county) (State) Nixa, Missouri		
24. FUNERAL DIRECTOR ADDRESS Gorman-Scharff Funeral Home Springfield, Missouri	25. DATE RECD. BY LOCAL REG. 8-1-57	26. REGISTRAR'S SIGNATURE Edith Williamson

(Licensed Embalmer's Statement on Reverse Side)

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 en

by me, or by Douglas P. Gorman, Student Embalmer No. 5

working under my personal supervision..

Student Douglas P. Gorman Signed Lewis G. Scharpf

Signature of Student Embalmer

Licensed Embalmer No. 38

P. O. Address Springf

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.