

Dr H' Doubler

STANDARD CERTIFICATE OF DEATH

35421

STATE FILE NUMBER

FILED OCT 21 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1006

| | | | | | | | | |
|---|--|---|--|---|---|--|---|--|
| 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Springfield | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1708 N. Hampton | | | Length of stay in lb 5 Yrs. | | d. STREET ADDRESS (If outside, give location) 1708 N. Hampton | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) JO | | | | First Middle Last DUTY | | 4. DATE OF DEATH Month Oct. Day 17 Year 1957 | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Sept. 12 1911 | | |
| 9. AGE (In years last birthday) 46 | | IF UNDER 1 YEAR Months Days Hours Min. | | IF UNDER 24 HRS. | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Rogers, Arkansas | | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | 13. FATHER'S NAME O.M. Brammer | | | | |
| 14. MOTHER'S MAIDEN NAME Grace Coker | | | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No | | | | |
| 16. SOCIAL SECURITY NO. ? | | | | 17. INFORMANT Address Ralph Duty Springfield, Mo. | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypoxia, possibly pneumonia</u> DUE TO (b) <u>Pulmonary Cysts</u> DUE TO (c) <u>Pulmonary Tuberculosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 5 years 2 yrs 2 yrs. | |
| 19. WAS AUTOPSY PERFORMED? 002X 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.) | | | | | |
| 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 <u>12/18/56</u> to <u>10/4/57</u> and last saw her ^{her} alive on <u>10/4/57</u> Death occurred at <u>12:45 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Signed or title) <i>H. H. Doubler, M.D.</i> | | | | 22b. ADDRESS <u>406 Prof. Bldg., Sp. S. Mo.</u> | | 22c. DATE SIGNED <u>10/17/57</u> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 10/18/57 | | 23c. NAME OF CEMETERY OR CREMATORY Rogers | | 23d. LOCATION (City, town, or county) (State) Rogers, Arkansas | | |
| 24. FUNERAL DIRECTOR ADDRESS Callison Funeral Home Rogers, Ark. | | | | 25. DATE RECD. BY LOCAL REG. 10-18-57 | | 26. REGISTRAR'S SIGNATURE <i>Edna Williams</i> | | |

(Licensed Embalmer's Statement on Reverse Side)

300
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

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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 *N. L. McCarr*.....

Licensed Embalmer No. *272*

P. O. Address *Springfield*

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