THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000928
STATE FILE NUMBER

FEB 2 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 81

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 HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Kimbrough Rest Home — Length of stay in 1b 22 mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Rogersville 0390 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R#2 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Winnie Middle: Samantha Last: Chaffin

4. DATE OF DEATH Month: Jan. Day: 22 Year: 1959

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH Feb. 19, 1861

9. AGE (In years last birthday) 97 — 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 —

11. BIRTHPLACE (City and state or country) Greene Co. Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Stephens

13b. MOTHER'S MAIDEN NAME Cynthia Owens

14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT Glen Chaffin, Address R#2, Rogersville Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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) Cardio Renal Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH
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) 442 X

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 1-6-59, to 1-22-59 and last saw her alive on 1-16-59
Death occurred at 9:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) M.D.

22b. ADDRESS 1715 Boonville Springfield, Mo

22c. DATE SIGNED 1-26-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Jan. 25, 1959

23c. NAME OF CEMETERY OR ~~CREMATORY~~ Dodson Cem.

23d. LOCATION (City, town, or county) Rogersville, Rural (State) Missouri

24. FUNERAL DIRECTOR H. C. Ferrell, ADDRESS Rogersville, Mo.

25. DATE RECD. BY LOCAL REG. 1-27-59

26. REGISTRAR'S SIGNATURE Effie G. Melton

(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 embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Alan G. Ferrell

Licensed Embalmer No. 4847

P. O. Address Mansfield, Me

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.