

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009096
STATE FILE NUMBER

FILED MAR 23 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 269

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-57

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Springfield</u> 0396 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1437 Forrest</u>		Length of stay in 1b <u>34 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>1437 Forrest</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Ruth</u> Last <u>Rookstool</u>			4. DATE OF DEATH Month <u>March</u> Day <u>11</u> Year <u>1959</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>July 31, 1913</u>	9. AGE (In years) <u>45</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine Opn.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Garment</u>	11. BIRTHPLACE (City and state or country) <u>Hickory County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Gus Hinder</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Hayes</u>		14. NAME OF HUSBAND OR WIFE -----	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>491-03-9354</u>	17. INFORMANT <u>Mrs. Gus Hinder-Springfield, Mo.</u>	Address
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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>CARCINOMA LEFT BREAST</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u>
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)		19. WAS AUTOPSY PERFORMED? 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.) <u>170X</u>
20c. TIME OF INJURY Hour _____ 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>September 23-58</u> to <u>March 11-1959</u> and last saw her ^{her} _{him} alive on <u>March 7-1959</u> Death occurred at <u>2:30 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>Scott Lapham M.D.</u> (Degree or title)	22b. ADDRESS <u>609 Cherry St - Springfield Mo</u>	22c. DATE SIGNED <u>3/10/59</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-14-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>White Chapel Cemetery</u>	23d. LOCATION (City, town, or county) <u>Springfield, Missouri</u>
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24. FUNERAL DIRECTOR <u>Rex Rainey-Springfield, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>3-19-59</u>	26. REGISTRAR'S SIGNATURE <u>Effie S. Mellon</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 All diseases in Part I must be causally related.

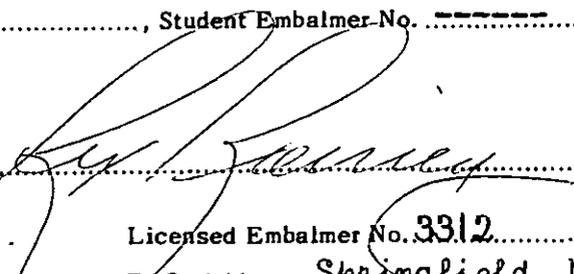
MAR 2 4 1959

APR 8 1958

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  _____
Licensed Embalmer No. 3312
P. O. Address Springfield, Mo

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.