

J. W. Klingner & Co.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017867  
STATE FILE NUMBER

FILED MAY 19 1958 (Registration District No. 128) Primary Registration District No. 2000 Registrar's No. 503

300

1-57  
Facilitate  
SPRINGFIELD, MISSOURI

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>SPRINGFIELD 0396</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>626 E. Kingsbury</b>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <b>626 E. Kingsbury</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>MATTIE McSWAIN</b>			4. DATE OF DEATH Month Day Year <b>May 14, 1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>30 Nov. 1874</b>
9. AGE (In years last birthday) <b>83</b>		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) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Missouri</b>
12. CITIZEN-OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>C.W. Meals</b>	
13b. MOTHER'S MAIDEN NAME <b>Rebecca Kettle</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT Address <b>Mrs. J.D. Roper Springfield, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>332 X</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chr. Annular fibellation</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>4 years</b>
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>1-54</b> to <b>5/14/58</b> and last saw her alive on <b>5/13/58</b> Death occurred at <b>3:00</b> P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>L.M. Reilly, M.D.</b> (Degree or title)		22b. ADDRESS <b>Woodruff Bldg. Springfield, Mo.</b>	
22c. DATE SIGNED <b>May 15, 1958</b>		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5-16-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Eastlawn</b>		23d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>	
24. FUNERAL DIRECTOR <b>J.W. Klingner &amp; Co.</b> ADDRESS <b>W. Spgfd. Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-16-58</b>	
26. REGISTRAR'S SIGNATURE <b>Effie S. Melton</b>			

MAY 28 1950

### 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 *Glen D. Williams* .....

Licensed Embalmer No. *465* .....

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.