

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028794

STATE FILE NUMBER

FILED VS. SEP 14 1959

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 945

INDEXED

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			Length of stay in 1b 30 years		c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION DOA St. John's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 1306 S. Florence		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) GUSTAV J. YORGER				4. DATE OF DEATH Month Day Year September 6, 1959			
5. SEX Male	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 Aug. 9, 1877	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months 0 Days 27	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Grocer		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Unknown Yorger			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Mrs. Anna Yorger	
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. UNKNOWN		17. INFORMANT Mrs. Anna Yorger Address Springfield, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gun shot wound in head							INTERVAL BETWEEN ONSET AND DEATH Inst
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) He was in basement of his home and his wife upstairs heard a gun shot and on investigation found him on basement floor shot in prox: 1:45 p.m. Sept. 6, 59 head apparently by his own hand.				
20c. TIME OF INJURY Hour _____ Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Springfield, Greene, Missouri		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at Aprox. 1:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Alfred H. Greene</i> (Degree or title) Greene County Coroner			22b. ADDRESS Springfield, Missouri			22c. DATE SIGNED 9/7/59	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 9, 1959	23c. NAME OF CEMETERY OR CREMATORY Eastlawn		23d. LOCATION (City, town, or county) (State) Springfield, Missouri		
24. FUNERAL DIRECTOR Gorman-Scharpf Funeral Home Springfield, Missouri				25. DATE RECD. BY LOCAL REG. 9-8-59		26. REGISTRAR'S SIGNATURE <i>Effie E. Melton</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 24 1959

SEP 16 1969

VS MAR 9 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lewis G. Scharf

Licensed Embalmer No. 3802

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.