

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010628

FILED VS APR 4 1960
McElhoney

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 360

STATE FILE NUMBER

DEED

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 8 YRS.	c. CITY OR TOWN SPRINGFIELD Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ROUTE # 2 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First VIRGINIA Middle LAVERNE Last WEBSTER	4. DATE OF DEATH Month MARCH Day 26 Year 1960
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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 11/8/20	9. AGE (last birthday) 39	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
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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) BLACKWELL, OKLA.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME REX KIRKPATRICK	13b. MOTHER'S MAIDEN NAME ESTHER SWEET	14. NAME OF HUSBAND OR WIFE JACK WEBSTER
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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 JACK WEBSTER, RT # 2 SPFLD, MO. 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) Cerebral edema		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Astrovystoma, left frontal	4 mos.
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
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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.)
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20c. TIME OF INJURY Hour 3 P.M. a.m. 0 p.m. 0	Month, Day, Year 3/13/60
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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 Springfield, Mo. COUNTY Greene STATE MO.
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21. I attended the deceased from **3/13/60** to **3/26/60** and last saw her **live** on **3/26/60**
Death occurred at **3 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE McElhoney MD (Degree or title)	22b. ADDRESS Springfield, Mo.	22c. DATE SIGNED 3/29/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3/29/60	23c. NAME OF CEMETERY OR CREMATORY HAZELWOOD	23d. LOCATION (City, town, or county) SPRINGFIELD, MO.
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24. FUNERAL DIRECTOR H.H. LOHMEYER, SPRINGFIELD, MO. ADDRESS	25. DATE RECD. BY LOCAL REG. 3-29-60	26. REGISTRAR'S SIGNATURE Effie S. Melton
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 1 1962

APR 5 1960

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 *N. L. MacQueen*

Licensed Embalmer No. 272

P. O. Address _____

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