

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038103

Dr. Klingner

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1092

FILED VS NOV 7 1960

1. PLACE OF DEATH a. COUNTY GREENE b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD Length of stay in 1b 58 YRS. c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1629 N. DOUGLAS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE c. CITY OR TOWN SPRINGFIELD Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 1629 N. DOUGLAS Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First FRANCES Middle C. Last WHITE			4. DATE OF DEATH Month OCT. Day 29 Year 1960		
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 1/20/98	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY GROCERY STORE		11. BIRTHPLACE (City and state or country) ALLASSEE, LORAINE GERMANY	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME FRANK SCHAFER		13b. MOTHER'S MAIDEN NAME MARGARET GEER	
14. NAME OF HUSBAND OR WIFE L.D. WHITE		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. 488-24-0326	
17. INFORMANT MRS. CHAS. MUSGRAVE, SPRINGFIELD		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) malignant lymphoma 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown INTERVAL BETWEEN ONSET AND DEATH March 1960		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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		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 _____		20g. COUNTY _____		20h. STATE _____	
21. I attended the deceased from <u>3-9-60</u> to <u>10-29-60</u> and last saw her alive on <u>10-29-60</u> Death occurred at <u>8:30 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>R.M.K. Klingner</i>			22b. ADDRESS <i>Springfield, Mo.</i>		22c. DATE SIGNED <i>10-31-60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11/1/60	23c. NAME OF CEMETERY OR CREMATOR ELM SPRINGS		23d. LOCATION (City, town, or county) (State) OF SPRINGFIELD, MO.
24. FUNERAL DIRECTOR ADDRESS H. H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.			25. DATE RECD. BY LOCAL REG. 11-2-60		26. REGISTRARS SIGNATURE <i>Effie S. Nelson</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed WHL McCombs

Licensed Embalmer No. 272

P. O. Address Springfield

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