

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020954

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

FILED JUL 5 1961

Registration District No. 2000

Primary Registration District No. 610

Registrar's No.

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

| | | | | | | | | | |
|---|--|---|---|---|---|--|---|----------------------------|--|
| 1. PLACE OF DEATH a. COUNTY GREENE | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY POLK | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD | | Length of stay in 1b 5 MO. | | c. CITY OR TOWN HUMANSVILLE | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGE HOSP. | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First MYRTIE Middle L. Last GILL | | | | 4. DATE OF DEATH Month JUNE Day 21 Year 1961 | | | | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 4/9/74 | 9. AGE (last birthday) 87 | 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) HOME | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) POLK COUNTY, MO. | | 12. CITIZEN OF WHAT COUNTRY USA | | |
| 13a. FATHER'S NAME DAVID N. LIGHTFOOT | | | 13b. MOTHER'S MAIDEN NAME MALINDA BAILEY | | | 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) NO | | | 16. SOCIAL SECURITY NO. NO | | 17. INFORMANT Address M.D. LIGHTFOOT, SPRINGFIELD, MO. | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EDEMA DUE TO (b) FRACTURE, INTER TROCHANTERIC RT FEMUR. 4 DAYS DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 10 HRS. | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIOSCLEROSIS WITH DEMENTIA | | | | | 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 | | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" 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.) FELL AT HOME | | | | | | |
| 20c. TIME OF INJURY Hour 3:00 p.m. Month, Day, Year 6-17-61 | | | 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 COUNTY STATE SPRINGFIELD GREENE MO. | | |
| 21. I attended the deceased from JUN 17 1961 to JUNE 20 1961 and last saw her alive on JUNE 20 1961 Death occurred at 2:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) Daniel L. Yancey M.D. | | | | 22b. ADDRESS 1211 S. GLENSTONE, SPRINGFIELD, MO. | | | | 22c. DATE SIGNED JUN 23 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE 6/25/61 | 23c. NAME OF CEMETERY OR CREMATORY HUMANSVILLE CEM. | | | 23d. LOCATION (City, town, or county) (State) HUMANSVILLE, MO. | | | |
| 24. FUNERAL DIRECTOR ADDRESS H.H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO. | | | | 25. DATE RECD. BY LOCAL REG. 6-26-61 | | 26. REGISTRAR'S SIGNATURE Effie A. Melton | | | |

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 *W. L. McCowan*

Licensed Embalmer No. 2727

P. O. Address *W. L. McCowan*

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.