

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032499

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Dr. Marchetti 728
 Registration District No. 2000 Primary Registration District No. Registrar's No. 860

STATE FILE NUMBER

AMENDED

FILED SEP 18 1961

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|---|---|---|---|
| 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 6 YRS. | c. CITY OR TOWN SPRINGFIELD | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF HOSPITAL OR INSTITUTION HANDLEY HOSP. | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS 1531 W. FLORIDA | (If outside, give location) Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|------------------------|--|--|--|-----------------------------|---------------------------------|
| 3. NAME OF DECEASED (Type or print) First Middle Last JESSIE ELLEN GIRTH | | | 4. DATE OF DEATH Month Day Year SEPT. 10 1961 | | | |
| 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 3/30/15 | 9. AGE (last birthday) 46 | 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) NURSE | | 10b. KIND OF BUSINESS OR INDUSTRY L.P.N. | | 11. BIRTHPLACE (City and state or country) LAWTON, OKLA. | | 12. CITIZEN OF WHAT COUNTRY USA |
| 13a. FATHER'S NAME JOSEPH SWICK | | 13b. MOTHER'S MAIDEN NAME NANCY (UNKNOWN) | | 14. NAME OF HUSBAND OR WIFE VIRGIL GIRTH | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO | | | 17. INFORMANT Address VIRGIL GIRTH, SPRINGFIELD, MO. | | | |

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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: | | INTERVAL BETWEEN ONSET AND DEATH 24 hrs. |
| IMMEDIATE CAUSE (a) Coronary Occlusion | | |
| DUE TO (b) Arteriosclerotic Heart Disease | | 5 yrs. |
| DUE TO (c) Diabetes Mellitus | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus - Pulmonary Embolism | | PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" 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.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year | | | |

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| 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.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
| 21. I attended the deceased from 5-16-61 to 9-10-61 and last saw her him alive on 9-10-61 | | |
| Death occurred at 11 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated. | | |

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| 22a. SIGNATURE (Degree or title) Don E. Marchetti, MD | 22b. ADDRESS 1635 N. Jefferson | 22c. DATE SIGNED 9-12-61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 9/16/61 | 23c. NAME OF CEMETERY OR CREMATORY HAZELWOOD |
| | | 23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO. |

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| 24. FUNERAL DIRECTOR ADDRESS H. H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO. | 25. DATE RECD. BY LOCAL REG. 9-13-61 | 26. REGISTRAR'S SIGNATURE Effie S. Melton |
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DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

OCT 11 1961

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 PAZ M. C. Carr

Licensed Embalmer No. 2727

P. O. Address 1111 1st St

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.