# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030683
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1283A

FILED SEP 10 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0397
2 1060
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Length of stay in 1b: 1 day
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Burge Hosp. — Inside Limits: Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Taney
c. CITY OR TOWN: Ridgedale — Inside Limits: Yes ☐ No #
d. STREET ADDRESS (If outside, give location): South Hwgy.65 — Reside on Farm: Yes # No ☐

3. NAME OF DECEASED (Type or print): First MARY LYNN Middle TATE Last
4. DATE OF DEATH: Month Aug Day 21, Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married # Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/21/62
9. AGE (last birthday): IF UNDER 1 YEAR Months 5 Days; IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: S.C.Tate
13b. MOTHER'S MAIDEN NAME: Virginia Robertson
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: S.C.Tate — Address: Ridgedale, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): PNEUMONITIS. — INTERVAL BETWEEN ONSET AND DEATH: 2d.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): BACTEREMIA (AEROBACTER KLEBSIELLA SPECIES
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): ACIDOSIS - SALICYLISM.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 8-21-62, to 8-21-62 and last saw her alive on 8-21-62
Death occurred at 2:37 PM. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Urban J. Busick M.D.
22b. ADDRESS: 609 CHERRY SPRINGFIELD MO
22c. DATE SIGNED: 9-1-62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 8/23/62
23c. NAME OF CEMETERY OR CREMATORY: Omaha Cemetery
23d. LOCATION (City, town, or county) (State): Omaha, Ark.

24. FUNERAL DIRECTOR: Walter Cobb — ADDRESS: Branson, Mo
25. DATE RECD. BY LOCAL REG.: 9-5-62
26. REGISTRAR'S SIGNATURE: Effie S. Melton

(Licensed Embalmer's Statement on Reverse Side)

Permit 8-23-61

**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_____ Signed Walter Cook

Signature of Student Embalmer

Licensed Embalmer No. 473

P. O. Address Belmont, Miss

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.