

Dr. Simpson
MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006011

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 324

FILED MAR 11 1963

VS 300
Rev. 4/59

6397
8397

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4 1
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94200
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

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. 38 YRS.	c. CITY OR TOWN SPRINGFIELD Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: CONNELLY REST HOME		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS: 1524 ORLAND (If outside, give location) Residence on Farm: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First: MYRTLE Middle: NANCY Last: GARDINE			4. DATE OF DEATH Month: FEB. Day: 27 Year: 1963
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 6/14/88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE & RETIRED NURSE		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 74 IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HR: Hours Min.
11. BIRTHPLACE (City and state or country): ALBANY, TEXAS		12. CITIZEN OF WHAT COUNTRY: U.S.A.	
13a. FATHER'S NAME: PERR OLIVER TEAFF		13b. MOTHER'S MAIDEN NAME: BELLE CANTERBURY	
14. NAME OF HUSBAND OR WIFE: LOUIS GARDINE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of): No	
16. SOCIAL SECURITY NO.: 30		17. INFORMANT Address: LOUIS GARDINE, SPRINGFIELD, MO.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH: Not Known
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis			Not Known
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease: condition given in PART I (a): None			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 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. COUNTY STATE:	
21. I attended the deceased from 1-29-63 to 2-27-63 and last saw her alive on 2-28-63 Death occurred at 8 A.M. on the date stated above, and to the best of my knowledge, from the causes stated:			
22a. SIGNATURE (Degree or title): Albert P. Simpson, M.D.		22b. ADDRESS: 5th Springfield, Mo.	
22c. DATE SIGNED: 3-6-63			
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 3/1/63	23c. NAME OF CEMETERY OR CREMATORY: GREENLAWN	23d. LOCATION (City, town, or county) (State): SPRINGFIELD, MO.
24. FUNERAL DIRECTOR ADDRESS: H. H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.		25. DATE RECD. BY LOCAL REG.: 3-7-63	26. REGISTRAR'S SIGNATURE: Effie S. Melton

USE BLACK INK
OR
TYPEWRITER RIBBON

Permit 2-38-63

MAR 13 1963

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 Edward T. Swadlow

Licensed Embalmer No. 4875

P. O. Address Springfield, Mo

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.