

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006080

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 129 Primary Registration District No. 200 Registrar's No. 240

FILED FEB 18 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO' b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) SPRINGFIELD		Length of stay in 1b 95 yrs.	c. CITY OR TOWN SPRINGFIELD Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION IOI IAN SHERMAN ST.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) IOI IAN SHERMAN ST. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First DELIA Middle S Last SMITH		4. DATE OF DEATH Month FEB' Day 12 Year 1963	
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH APRIL 10 1867 9. AGE (last birthday) 95
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) SPRINGFIELD MO'
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME HENRY SMITH	
13b. MOTHER'S MAIDEN NAME LUCY ?		14. NAME OF HUSBAND OR WIFE DECEASED	
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. <input type="checkbox"/>	
17. INFORMANT Address HERBERT V SMITH 602N JEFFERSON ST.		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-Vascular Disease 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 type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u>1963</u> to <u>Feb. 12, 1963</u> and last saw her ^{him} alive on <u>Feb. 12, 1963</u> Death occurred at <u>4:30 a m</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Leyman D. Brown M.D.		22b. ADDRESS 311 1/2 College	
22c. DATE SIGNED 2/14/63		23a. BURN, CREMATION, REMOVAL (Specify) HURIAL	
23b. DATE 2 15 63		23c. NAME OF CEMETERY OR CREMATORY Lincoln Memorial	
23d. LOCATION (City, town, or county) Springfield Mo		24. FUNERAL DIRECTOR ADDRESS HERBERT V SMITH 602 N JEFFERSON ST.	
25. DATE RECD. BY LOCAL REG. 2-15-63		26. REGISTRAR'S SIGNATURE Effie E. Melton	

FEB 19 1963

JUL 1 1963

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Permit 2-15-63

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 Robert H. Bates III, Student Embalmer No. 673

working under my personal supervision.

Student Robert H. Bates III
Signature of Student Embalmer

Signed Brian M. Abbe

Licensed Embalmer No. 5115

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.