

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-011284

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED FILED

Registration District No. 128 Primary Registration District No. 2500 Registrar's No. 422

FILED MAR 27 1963

VS 300 Rev. 4/59

DATE AMENDED

1 0397
2 0397
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4 1
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9 4200
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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) Springfield		Length of stay in 1b 38 years	c. CITY OR TOWN Springfield
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d: STREET ADDRESS (If outside, give location) 1312 N. Brown
3. NAME OF DECEASED (Type or print) First LENA Middle MAUDE Last ROSE			4. DATE OF DEATH Month March Day 17 Year 1963
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 Sept 2, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (last birthday) 77
13a. FATHER'S NAME John W. Cato		13b. MOTHER'S MAIDEN NAME Mary E. Hubbard	
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. [REDACTED]	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY... IMMEDIATE CAUSE (a) Acute myocardial infarction		17. INFORMANT Gerald Rose, Springfield, Missouri	
DUE TO (b) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 30 min	
DUE TO (c) Cerebral vascular thrombosis		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	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral vascular thrombosis		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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Springfield COUNTY Greene STATE Missouri	
21. I attended the deceased from 2-3-63 , to 3-17-63 and last saw her/him alive on 3-17-63		Death occurred at 12:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Do give or title) Paul C. Melton M.D.		22b. ADDRESS Springfield Mo.	
22c. DATE SIGNED 3-22-63		23a. BURNAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE March 20, 1963		23c. NAME OF CEMETERY OR CREMATORY Yeakley Chapel Cemetery Near, Springfield, Mo.	
24. FUNERAL DIRECTOR Jewell E. Windle, Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 3-25-63	
26. REGISTRAR'S SIGNATURE Effie S. Melton			

USE BLACK INK OR TYPEWRITER RIBBON

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 Bernard F. Wright

Licensed Embalmer No. 4293

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.

2-19-63