

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-022615

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 998

FILED JUL 2 1962

VS 300
Rev. 4/59

1 0397

2 0390

3 1

4 1

5 2

6 0

7 0

8 2

9 4/200F

10 4-0

11 0

12 4-0

13 0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY GREENE		a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b LIFE	c. CITY OR TOWN SPRINGFIELD
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ROUTE 1, BOX 476
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First NANNIE Middle DRUCLA Last HEADLEE		Month JUNE Day 26 Year 1962	
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 9/5/66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	9. AGE (last birthday) 95
11. BIRTHPLACE (City and state or country) GREENE CO., MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME WILLIAM NORMAN		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE BLONDVILLE D. HEADLEE
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. NONE	17. INFORMANT FRANK C. HEADLEE; SPRINGFIELD, MO.
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
IMMEDIATE CAUSE (a) Arterial Sclerotic Heart Disease			15 years
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) Fracture, intertrochanteric, right femur			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 checked="" 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.) Fell down at home	
20c. TIME OF INJURY Hour 8:00 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	Month, Day, Year 6/16/62	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
20e. CITY, TOWN, OR LOCATION Springfield	COUNTY Greene	STATE Mo.	
21. I attended the deceased from 6/16/62 to 6/26/62 and last saw her/him alive on 6/26/62			
Death occurred at 10:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James D. Horton (Degree or title)		22b. ADDRESS SPRINGFIELD, MISSOURI	22c. DATE SIGNED 6/28/62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6/29/62	23c. NAME OF CEMETERY OR CREMATORY MT. COMFORT CEMETERY	23d. LOCATION (City, town, or county) (State) GREENE COUNTY, MISSOURI
24. FUNERAL DIRECTOR AYRE-GOODWIN		ADDRESS SPRINGFIELD, MO.	25. DATE RECD. BY LOCAL REG. 6-28-62
			26. REGISTRAR'S SIGNATURE Effie G. Muelton

JUL 12 1962

AUG 21 1962

Pro. Block

Permit renewed 6-27-62

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

[Handwritten Signature]

Licensed Embalmer No. 5156

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.