

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-039603**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 28 Primary Registration District No. 2000 Registrar's No. 1536

**FILED NOV 12 1963**

DO NOT WRITE ON THIS STUB	AMENDED				
VS 300 Rev. 4/59	DATE AMENDED				
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6	INSTEAD OF				
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS					
USE BLACK INK OR TYPEWRITER RIBBON					
ITEM NO.	SHOULD READ				
	BY AFFIDAVIT OF				

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Barry</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Length of stay in 1b -----		c. CITY OR TOWN <b>Washburn</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. St. John's Hospital</b>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		d. STREET ADDRESS (If outside, give location) <b>R.F.D. # 1</b>	
3. NAME OF DECEASED (Type or print) <b>OLA ROSE</b>			4. DATE OF DEATH <b>November 6, 1963</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <b>8/22/1897</b>		9. AGE (last birthday) <b>66</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Barry County, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>James Pippin</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Walker</b>	
14. NAME OF HUSBAND OR WIFE <b>Lemma L. Rose</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no None</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Lemma L. Rose, Rt. 1, Washburn, Mo.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Probable internal injuries</b>		INTERVAL BETWEEN ONSET AND DEATH <b>few hours</b>	
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 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.) <b>she was a passenger in one car of a</b>	
20c. TIME OF APPROX. <b>1:15 P.M.</b>		Hour Month, Day, Year <b>11/6/1963</b>		two car accident	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Junction Highways 1 mile South Cassville, Barry, Missouri</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Springfield, Missouri</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>approx. 2:10 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Ralph H. Thieme, Greene County, Coroner</b>			22b. ADDRESS <b>Springfield, Missouri</b>		22c. DATE SIGNED <b>11/6/1963</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>11/6/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Kings Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Barry County, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Culver Funeral Home, Cassville, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>11-8-63</b>		26. REGISTRAR'S SIGNATURE <b>Bernie Medley</b>

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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 Paul D. Heubert

Licensed Embalmer No. 4576

P. O. Address Cassville, 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.