

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 021596  
STATE FILE NUMBER

FILED JUN 19 1957

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Webb City Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 708 W. 12th St.		Length of stay in 1b 50 yrs		d. STREET ADDRESS 708 W. 12th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle C. Last Virgin			4. DATE OF DEATH Month June Day 12 Year 1957				
5. SEX Male <input type="radio"/>	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 June 28, 1886		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months II Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Station Employee			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Georgia City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Riley Virgin				14. MOTHER'S MAIDEN NAME Unknown			
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. 496-03-7895		17. INFORMANT Address 708 W. 12th St. Mrs. Hazel Virgin Webb City, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c):] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute circulatory collapse</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Coronary Thrombosis</i> DUE TO (c) <i>Arteriosclerosis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201							INTERVAL BETWEEN ONSET AND DEATH 1 minute 5 Months Unknown
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 Month, Day, Year a. m. p. m.							
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 _____ to _____ and last saw him alive on _____ Death occurred at 9: P. M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Dr. Trejo</i> (Degree or title)				22b. ADDRESS Do 2 Webb City, Mo.		22c. DATE SIGNED 6/12/57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 6/14/1957	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem.		23d. LOCATION (City, town, or county) (State) Webb City, Mo.		
24. FUNERAL DIRECTOR Johnston-Arnce-Simpson Mortuary Webb City, Mo.			25. DATE RECD. BY LOCAL REG. 6-13-57		26. REGISTRAR'S SIGNATURE Mrs. Madeline Sirtzer		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

INSPECTION COUNTY NO. 57-6-519  
INSPECTION FILE NUMBER  
Date Filed JUN 17 1957

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 Harry E. Amie

Licensed Embalmer No. 44

P. O. Address Wethers

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.