

FILED NOV 13 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1070

S. 300
1-57

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		c. CITY OR TOWN Springfield	
c. FULL NAME OF (If NOT in hospital, give location) Burge Hosp.		d. STREET ADDRESS (If outside, give location) 816 N. Rogers	
3. NAME OF DECEASED (Type or print) First GLENN A Middle JUNE Last COURTOIS		4. DATE OF DEATH Month Nov. Day 4 Year 1957	
5. SEX Female	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 Jan. 19 1931
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator		10b. KIND OF BUSINESS OR INDUSTRY Lily-Tulip Co.	11. BIRTHPLACE (City and state or country) Springfield, Mo.
13a. FATHER'S NAME Roy Fowler		13b. MOTHER'S MAIDEN NAME Evelina Pearson	14. NAME OF HUSBAND OR WIFE John W. Courtois
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 497-30-1355	17. INFORMANT Address John W. Courtois Springfield, 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) Anoxemia			INTERVAL BETWEEN ONSET AND DEATH 12-20 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acidosis + Methemoglobinemia			
DUE TO (c) Salicylate Poisoning			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 9703			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Pt. took in excess of 100 Aspirin Tabs.		
20c. TIME OF INJURY 11 p.m. 11-3-57			
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.) Home	20f. CITY, TOWN, OR LOCATION Springfield	COUNTY Greene STATE Mo.
21. I attended the deceased from 9:10 p.m. to 11-4-57 and last saw her alive on 11-4-57 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Doctor or title) Harold H. Lurie, M.D.		22b. ADDRESS 609 Cherry Springfield, Mo.	22c. DATE SIGNED 11-6-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/8/57	23c. NAME OF CEMETERY OR CREMATORY White Chapel	23d. LOCATION (City, town, or county) (State) Springfield, Missouri
24. FUNERAL DIRECTOR H.H. Lohmeyer		ADDRESS Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 11-7-57
26. REGISTRAR'S SIGNATURE Carl Williamson			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

DEC 1 1957

STATEMENT BY LICENSED EMBALMER

not

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 *R. H. McCarroll*

Licensed Embalmer No. *2727*

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.