

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39928

STATE FILE NUMBER

FILED NOV 25 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1121

S. 300 3  
v. 1-57

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SPRINGFIELD</u>		c. CITY OR TOWN <u>SPRINGFIELD</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. BURGE HOSP.</u>		d. STREET ADDRESS (If outside, give location) <u>2020 N. PROSPECT</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ARMAND</u> <u>DESCHAMP</u>		4. DATE OF DEATH Month Day Year <u>Nov. 18, 1957</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>4 MARCH 1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, ever or retired) <u>HARVESTER CO.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>	11. BIRTHPLACE (City and state or country) <u>TENN</u>
13a. FATHER'S NAME <u>REMI DESCHAMP</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>RUTH DESCHAMP</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-09-3839H</u>	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>		17. INFORMANT Address <u>RUTH DESCHAMP</u> <u>SPEED. MO.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last. DUE TO (b) <u>Arteriosclerotic Cardiovascular Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
DUE TO (c) _____		6 1/2 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.) <u>4201</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 <u>Feb 18, 1955</u> to <u>11-18-57</u> and last saw <u>him</u> alive on <u>Nov 18, 1957</u> Death occurred at <u>9:30 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>J. M. Callaway, Jr. M.D.</u>	
22b. ADDRESS <u>Springfield, Mo.</u>		22c. DATE SIGNED <u>Nov 20, 57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>11-22-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Eastlawn</u>	23d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>
24. FUNERAL DIRECTOR <u>J.W. Klingner &amp; Co.</u>		25. DATE RECD. BY LOCAL REG. <u>11-22-57</u>	26. REGISTRAR'S SIGNATURE <u>Edith Williamson</u>

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 2 1957

APR 2 1958

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 *May A. Leavelle* .....

Licensed Embalmer No. *4071* .....

P. O. Address *Springfield* .....

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.