

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-028825
 STATE FILE NUMBER

FILED SEP 8 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 860

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield 0396 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Burge		Length of stay in lb 30 yrs.	d. STREET ADDRESS (If not in hospital, give location) Monday Hotel 328 E Commercial Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First FLOYD Middle Last LOVE			4. DATE OF DEATH Month Sept. Day 2, Year 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 9, 1879	9. AGE (In years last birthday) 79	10. FUNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life) Grocery Store Owner	10b. KIND OF BUSINESS OR INDUSTRY Groceries	11. BIRTHPLACE (City and state or country) Norwalk, Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles Love	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give service) unknown	16. SOCIAL SECURITY NO. unknown	17. INFORMANT Henry J Keller, Public Administrator
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) UNATTENDED BY A PHYSICIAN		
DUE TO (c) 4201		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

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.)
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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
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21. I attended the deceased from 10:00 P. to Sept. 2, 1958 and last saw her/him alive on _____
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*Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		
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22a. SIGNATURE (Degree or title) James R. Ames, M.D.	22b. ADDRESS Greene Co. Health Ofc. Springfield, Mo	22c. DATE SIGNED 9-5-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-6-58	23c. NAME OF CEMETERY OR CREMATORY Greenlawn	23d. LOCATION (City, town, or county) (State) Springfield, Greene Mo.
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24. FUNERAL DIRECTOR Ralph Thieme Springfield, Mo. LM	25. DATE RECD. BY LOCAL REG. 9-4-58	26. REGISTRAR'S SIGNATURE Effie G. Melton
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Name of Deceased: *John J. ...*
 Date of Death: *Jan. 2, 1928*
 Place of Death: *Springfield, Mo.*
 Name of Undertaker: *Charles Love*
 Address of Undertaker: *Springfield, Mo.*
 Name of Physician: *U.S.A.*
 Address of Physician: *U.S.A.*

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 *Lee Mason*

Sept. 2, 1928

Licensed Embalmer No. *4568*
 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.