IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED JUL 7 1959

59–020952
STATE FILE NUMBER

Registration District No. 728 Primary Registration District No. 2000 Registrar's No. 715

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2248 N. Rogers
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Texas b. COUNTY DALLAS
c. CITY OR TOWN DALLAS
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 643 Coombs Creek Dr.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Frederick Middle: Alphanso Last: DelZell
4. DATE OF DEATH Month: June Day: 28 Year: 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH March 27 1882
9. AGE (last birthday) 77
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Webster Co. Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John DelZell
13b. MOTHER'S MAIDEN NAME Nancy Bruton
14. NAME OF ~~HUSBAND~~, OR WIFE Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Everett Alford
Address 2248 N. Rogers Springfield, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 June 28, to June 29/59 and last saw him alive on June 26/59
Death occurred at 5:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W D DelZell (Degree or title) MD
22b. ADDRESS Springfield, Missouri
22c. DATE SIGNED 7-1-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 30, 1959
23c. NAME OF CEMETERY OR CREMATORY White Oak Cemetery
23d. LOCATION (City, town, or county) (State) Rogersville Rural, Missouri

24. FUNERAL DIRECTOR H. C. Terrell
ADDRESS Rogersville, Mo.
25. DATE RECD. BY LOCAL REG. 7-2-59
26. REGISTRAR'S SIGNATURE Effie E. Melton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Alan E. Ferrell

Signature of Student Embalmer

Licensed Embalmer No. 4847

P. O. Addre Mansfield, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con 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.