

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028713

FILED VS SEP 14 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 952

STATE FILE NUMBER

DED

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) OR TOWN Springfield		Length of stay in 1b		c. CITY OR TOWN Springfield		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. St. Johns Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1235 E. Harrison			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First TROY Middle A. Last COMPTON				4. DATE OF DEATH Month September Day 8, Year 1959			
5. SEX Male	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 25 April 1903		9. AGE (last birthday) 56	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10b. KIND OF BUSINESS OR INDUSTRY Meat Packing Plant		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME W. P. Compton			13b. MOTHER'S MAIDEN NAME Lillie Ferrie			14. NAME OF HUSBAND OR WIFE Norma Compton	
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. 556-24-8743		17. INFORMANT Norma Compton (Wife) Springfield, Mo Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH Unknown
IMMEDIATE CAUSE (a)			Coronary insufficiency				
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Coronary arteriosclerosis				
			DUE TO (c) UNATTENDED BY A PHYSICIAN				
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)			
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 UNATTENDED BY PHYSICIAN and last saw her alive on _____ Death occurred at Approx. 8:40 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
21a. SIGNATURE (Degree or title) James R. Amos M.D.				22b. ADDRESS Greene County Courthouse Springfield, Missouri		22c. DATE SIGNED 9-10-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 12, 1959	23c. NAME OF CEMETERY OR CREMATORY Goodall Cemetery		23d. LOCATION (City, town, or county) (State) Stone County, Missouri			
24. FUNERAL DIRECTOR KLINGNER MORTUARY, INC. Springfield, Mo.			25. DATE RECD. BY LOCAL REG. 9-10-59		26. REGISTRAR'S SIGNATURE Effie G. Melton		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 18 1958

SEP 17 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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ogle Stone Jr.

Licensed Embalmer No. 412

P. O. Address Springfield

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