

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028757

FILED VS. SEP 14 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 949 STATE FILE NUMBER

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 lb 10 months		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 Mercy Infirmary			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 710 Kimbrough Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WALTER Middle FRANCIS Last MAZE				4. DATE OF DEATH Month Sept. Day 7, 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 10/31/1875	9. AGE (last birthday) 83	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) Ret. Superintendant		10b. KIND OF BUSINESS OR INDUSTRY Roofing Company		11. BIRTHPLACE (City and state or country) Raymond Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Leonard Maze			13b. MOTHER'S MAIDEN NAME Ellen Noe			14. NAME OF HUSBAND OR WIFE Junie Maze		
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. None		17. INFORMANT Ethel Barclay, 1937 S. Kings Ave., 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) Cerebral Thrombosis							INTERVAL BETWEEN ONSET AND DEATH 6 wks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) _____		DUE TO (c) _____			
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 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.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year						
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 4 Sept 59 to 7 Sept 59 and last saw him alive on 7 Sept 59 . Death occurred at 6:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated:-								
22a. SIGNATURE (Degree or title) Dr Callaway, MD.				22b. ADDRESS Springfield, Missouri		22c. DATE SIGNED 9-10-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9 Sept. 1959	23c. NAME OF CEMETERY OR CREMATORY Carl Junction Cemetery		23d. LOCATION (City, town, or county) (State) Carl Junction, Mo.				
24. FUNERAL DIRECTOR Ralph Thieme, 1200 Booneville Avenue, Springfield, Missouri		25. DATE RECD. BY LOCAL REG. 9-11-59		26. REGISTRAR'S SIGNATURE Effie G. Mellon				

DOCUMENT

MEDICAL CERTIFICATION

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 _____
Signature of Student Embalmer

Signed *Lee Mason*

Licensed Embalmer No. 4568
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.