

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031969

FILED VS SEP 21 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 957

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri 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 City Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1415 North Hampton		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First JAMES Middle RAYMOND Last CALVY				4. DATE OF DEATH Month September Day 11 Year 1959					
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/15/1903	9. AGE (last birthday) 56	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) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Labor		11. BIRTHPLACE (City and state or country) Greene Co. Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Henry Calvy			13b. MOTHER'S MAIDEN NAME Manda Triplett			14. NAME OF HUSBAND OR WIFE			
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. Unknown		17. INFORMANT Address Mrs. E. F. Roman 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) Cardio-renal Disease							INTERVAL BETWEEN ONSET AND DEATH		
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 3:25 a.m. p.m. Month, Day, Year 9/10/59		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 Springfield, Missouri		COUNTY STATE	
21. I attended the deceased from 9/9/59 to 9/10/59 and last saw him alive on 9/10/59 Death occurred at 3:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Deed or title) Lynn Brown M. D.					22b. ADDRESS Springfield, Missouri		22c. DATE SIGNED 9/13/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/14/59	23c. NAME OF CEMETERY OR CREMATORY Hazelwood		23d. LOCATION (City, town, or county) (State) Springfield, Missouri				
24. FUNERAL DIRECTOR Ayre-Goodwin Springfield			ADDRESS		25. DATE RECD. BY LOCAL REG. 9-14-59	26. REGISTRAR'S SIGNATURE Effie S. Meeton			

DOCUMENT

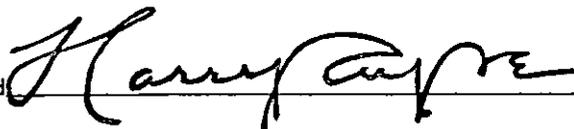
MEDICAL CERTIFICATION

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  _____

Licensed Embalmer No. 4594

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.