

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-035803**

**FILED VS NOV 16 1959**

*128*

Primary Registration District No. *2000*

Registrar's No. *1177 A*

STATE FILE NUMBER

MAILED

1. PLACE OF DEATH a. COUNTY <b>Green County</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Green</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Springfield, Mo</b>		Length of stay in 1b <b>6 Months</b>		c. CITY OR TOWN <b>Springfield, Mo</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>1015 N Main</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>Daisy B Collins</b>				4. DATE OF DEATH Month <b>Oct</b> , Day <b>31</b> , Year <b>1959</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4/25/1878</b>	9. AGE (last birthday) <b>81</b>	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) <b>housekeeper</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Christian Co, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>	
13a. FATHER'S NAME <b>Charles B McGinnis</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Jane Vaughn</b>			14. NAME OF HUSBAND OR WIFE <b>Mrs Edmund Bowler</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO.		17. INFORMANT <b>Address 1034 S Florence Springfield, Mo</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>PNEUMONIA</b> DUE TO (b) <b>Cerebral + Generalized Arteriosclerotic Sclerosis</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) <b>Arteriosclerotic Heart Disease</b>							INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>	
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.	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 <b>6/6/55</b> to <b>10/31/59</b> and last saw her alive on <b>10/27/59</b> Death occurred at <b>Oct 31/59 5 A M</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Harold H. Zurie, M.D.</b>				22b. ADDRESS <b>609 Cherry Springfield, Mo</b>		22c. DATE SIGNED <b>11/8/59</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11/2/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Selmore Cemetery</b>		23d. LOCATION (City, town, or county) <b>Christian Co, Mo</b>				
24. FUNERAL DIRECTOR <b>T. B. Chaffin</b>			ADDRESS <b>Ozark Mo</b>		25. DATE RECD. BY LOCAL REG. <b>11-9-59</b>	26. REGISTRAR'S SIGNATURE <b>Effie S. Melton</b>		

(Licensed Embalmer's Statement on Reverse Side)

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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed T. B. Chassin

Licensed Embalmer No. 2192

P. O. Address Ozark 410

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.