

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039676

FILED VS. NOV 3 0 1959

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1260

STATE FILE NUMBER

EMENDED

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 12 years		c. CITY OR TOWN Springfield		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route 7		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First GRACE Middle ROSE Last McCORMICK			4. DATE OF DEATH Month November Day 20 Year 1959						
5. SEX Female	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 8/20/1892	9. AGE (last birthday) 67	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Iowa		12. CITIZEN OF WHAT COUNTRY U. S. A.			
13a. FATHER'S NAME (Unknown) Dodge			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE E. J. McCormick				
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 Address E. J. McCormick					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Congestion						INTERVAL BETWEEN ONSET AND DEATH 1 day			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Marked Myocardial Ischemia with failure							
		DUE TO (c) Repetitive Cardiovascular Disease							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Ch. Numea, due to a snore & bronchitis, kidneys.						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 _____ 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 1952 to 11-20-59 and last saw him alive on 11-20-59 Death occurred at 9:54 P. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Edwin M. Howell M.D.				22b. ADDRESS 609 Cherry Springfield Mo			22c. DATE SIGNED 11-23-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/22/1959	23c. NAME OF CEMETERY OR CREMATORY Tekamah Cemetery		23d. LOCATION (City, town, or county) (State) Tekamah Missouri				
24. FUNERAL DIRECTOR Ralph Thieme, Springfield, Missouri.			25. DATE RECD. BY LOCAL REG. 11-24-59		26. REGISTRAR'S SIGNATURE Effie S. Meltan				

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 4 1959

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

Harold Futrell

Licensed Embalmer No. 5079

P. O. Address Spill mo.

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.