

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 43 9 2 4

FILED VS DEC 28 1959

128

Registration District No. _____ Primary Registration District No. 2000

Registrar's No. 1393

STATE FILE NUMBER

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|---|---|--|---|
| 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 35 years | 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 Springfield Baptist Hospital | | d. STREET ADDRESS (If outside, give location) 522 E. Meadowmere | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last CHARLES JORGENSEN | 4. DATE OF DEATH Month Day Year December 22, 1959 |
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| 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 December 28, 1891 | 9. AGE (last birthday) 68 | IF UNDER 1 YEAR Months 11 Days 24 | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Superintendent | 10b. KIND OF BUSINESS OR INDUSTRY Creamery | 11. BIRTHPLACE (City and state or country) Denmark | 12. CITIZEN OF WHAT COUNTRY USA |
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| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Anna Jorgensen |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Mr. Edwin C. Jorgensen Springfield, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Lymphatic Leukemia | | INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | |
| | DUE TO (c) | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) | 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 |
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| 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.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ |
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| 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 |
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| 21. I attended the deceased from Oct 17, 59 to Dec 22 '59 and last saw him alive on Dec 22 59 Death occurred at 11:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE E. D. Callaway, Jr M.D. (Degree or title) | 22b. ADDRESS Springfield, Mo | 22c. DATE SIGNED 12/22/59 |
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| 25. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Dec. 24, 1959 | 23c. NAME OF CEMETERY OR CREMATORY White Chapel | 23d. LOCATION (City, town, or county) (State) Springfield, Missouri |
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| 24. FUNERAL DIRECTOR Gorman-Scharpf Funeral Home Springfield, Missouri | 25. DATE RECD. BY LOCAL REG. 12-24-59 | 26. REGISTRAR'S SIGNATURE Effie S. Melton |
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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 Lewis H. Schaefer

Licensed Embalmer No. 3802

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.