

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001093

FILED VS FEB 8 1960

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 133

STATE FILE NUMBER 1576

|   |   |   |  |   |  |   |  |
|---|---|---|--|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>GREENE</b>  |   |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b> |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>SPRINGFIELD</b>   |   |   | Length of stay in 1b<br><b>14</b> Hours  | c. CITY OR TOWN <b>ASH GROVE</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>BURGE HOSPITAL</b>  |   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location)<br><b>R.F.D. 2</b>  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>BRENNA</b> Middle <b>SUE</b> Last <b>KING</b>   |   |   |  | 4. DATE OF DEATH<br>Month <b>JANUARY</b> Day <b>31</b> , Year <b>1960</b>   |  |   |  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>Jan 30, 1960</b>   | 9. AGE (last birthday)<br>Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>                 | IF UNDER 1 YEAR<br>Months <input type="checkbox"/> Days <input type="checkbox"/>      | IF UNDER 24 HR<br>Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>None</b>  |   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>NONE</b>                                     | 11. BIRTHPLACE (City and state or country)<br><b>Springfield Mo</b>   |  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |  |
| 13a. FATHER'S NAME<br><b>Max King</b>   |   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Doris Kirby</b>                                      |   | 14. NAME OF HUSBAND OR WIFE<br><b>None</b>   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>None</b>   |   |   | 16. SOCIAL SECURITY NO.<br><b>None</b>   | 17. INFORMANT Address<br><b>Mr. Max King, Ash Grove, Missouri</b>   |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Anoxia</b>   |   |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Multiple congenital defects - principally</b>   |   |   |  |   |  |   |  |
| DUE TO (c) <b>Anemphaly</b>   |   |   |  |   |  |   |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>  |   | 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 <b>1-30-60</b> to <b>1-31-60</b> and last saw her/him alive on <b>1-31-60</b><br>Death occurred at <b>3:25 Pm</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |   |  |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>M.D. Bombardier, M.D.</b>  |   |   |  | 22b. ADDRESS<br><b>Professional Bldg. Springfield,</b>  |  | 22c. DATE SIGNED<br><b>202-60</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>2-1-60</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Ash Grove Cemetery</b>   |  | 23d. LOCATION (City, town, or county)<br><b>Ash Grove, Missouri</b>   |  | 23e. (State)  |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>J.W. Birch, Ash Grove, Missouri</b>  |   |   | 25. DATE RECD. BY LOCAL REG.<br><b>2-4-60</b>  |   | 26. REGISTRAR'S SIGNATURE<br><b>Effie L. Melton</b>  |   |  |

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 Richard E. Watts

Licensed Embalmer No. 4652

P. O. Address Cash Grove

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.