

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005797

FILED VS MAR 7 1960 28

Primary Registration District No 2000 Registrar's No. 232A

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WEBSTER		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b 26 DAYS	c. CITY OR TOWN SEYMOUR		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGE HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ROSE ELIZABETH ASHLEY			4. DATE OF DEATH Month Day Year FEB - 23 - 1960		
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 1-17-1904	9. AGE (last birthday) 56
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) TAZEWELL TENN.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME D.L. MOORE		13b. MOTHER'S MAIDEN NAME MARY JANE SOUTHERN		14. NAME OF HUSBAND OR WIFE LEE ASHLEY	
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.	17. INFORMANT Address LEE ASHLEY SEYMOUR, 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) Pneumonia, Bilateral					INTERVAL BETWEEN ONSET AND DEATH 5 das.
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) Perisplenitis, terminal ileitis, GI bleeding				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 Jan 28, 1960 to 2-23-60 and last saw her/him alive on Feb 23-1960 Death occurred at 2-23-60 Home on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) S C Wittmer M.D.			22b. ADDRESS 800 Med Arts Bldg Springfield Mo.		22c. DATE SIGNED 2/25/60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-26-1960	23c. NAME OF CEMETERY OR CREMATORY BEYMORE MASONIC CEMETERY		23d. LOCATION (City, town, county, state) WEBSTER Co. MO.	
24. FUNERAL DIRECTOR ADDRESS Robert Benjamin Seymour, Mo.		25. DATE RECD. BY LOCAL REG. 3-1-60	26. REGISTRAR'S SIGNATURE Offie E Meeter		

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

Max L Miller

Licensed Embalmer No.

4720

P. O. Address

Manassas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.