

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005806

FILED VS MAR 14 1960

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 272D

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Green</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Christian</u>															
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield Mo</u>		Length of stay in 1b <u>8 Weeks</u>		c. CITY OR TOWN <u>Ozark, Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Burge Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Ozark, Mo</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>F</u> Last <u>Blueu</u>				4. DATE OF DEATH Month <u>March</u> Day <u>I</u> Year <u>1960</u>															
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3/18/24</u>		9. AGE (last birthday) <u>35</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Kansas City, Kans</u>		12. CITIZEN OF WHAT COUNTRY <u>U S A</u>											
13a. FATHER'S NAME <u>Pete Blue</u>				13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hawse</u>				14. NAME OF HUSBAND OR WIFE <u>Wilda Blue</u>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 2nd w, War</u>				16. SOCIAL SECURITY NO. <u>500-12-8643</u>		17. INFORMANT Address <u>Mrs Wilda Blue, Ozark, Missouri</u>													
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Brain Tumor, malignant</u> 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) 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										INTERVAL BETWEEN ONSET AND DEATH. <u>6 months</u>									
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 <u>          </u> a.m. / p.m. 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 <u>9-18-59</u> to <u>March 4, 1960</u> and last saw her/him alive on <u>2-29-60</u> Death occurred at <u>3/I/60-2:30 A M</u> on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE <u>John C. Kaup m.d.</u> (Degree or title)						22b. ADDRESS <u>1636 S. Glenston, Springfield</u>				22c. DATE SIGNED <u>3-4-60</u>									
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3/3/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sparta</u>				23d. LOCATION (City, town, or county) <u>Christian Co</u>		(State) <u>Mo</u>									
24. FUNERAL DIRECTOR <u>T. B. Chaffin</u> ADDRESS <u>Ozark, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>3-7-60</u>		26. REGISTRAR'S SIGNATURE <u>Effie G. Melton</u>													

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 1 1961

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Dzank, Va

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.