

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005883

FILED VS FEB 23 1960

128

Registration District No. _____ Primary Registration District No. 2000

Registrar's No. 138 B

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Greene Co		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Mo		Length of stay in 1b few (Minutes)	c. CITY OR TOWN Springfield, Mo 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 type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 823 E Division (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Laura Middle M Last Hunt			4. DATE OF DEATH Month Feb Day I Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/2/1904	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Mo, Christian Co	12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Will Adams		13b. MOTHER'S MAIDEN NAME Hattie Hughes		14. NAME OF HUSBAND OR WIFE Freeman Hunt	
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 823 E Division Freeman Hunt, Springfield, Mo		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Likely Myocardial insufficiency</i>		<i>Unknown</i>
DUE TO (b) <i>Likely Myocardial Coronary artery</i>		<i>"</i>
DUE TO (c) <i>Influenza</i>		<i>2-3 days</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes Mellitus</i>		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 any injury in PART I or PART II of item 18.) UNATTENDED BY A PHYSICIAN			
20c. TIME OF INJURY Hour _____ 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 _____ to _____ and last saw her/him alive on _____.
Death occurred at **2-1-60 11:30 A M** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>James R. Arnold, Jr.</i> (Degree or title)		22b. ADDRESS Greene Co Health Officer, Spfld, Mo		22c. DATE SIGNED 2-18-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/3/60	23c. NAME OF CEMETERY OR CREMATORY Sparta Cemetry	23d. LOCATION (City, town, or county) (State) Christian Co, Mo	
24. FUNERAL DIRECTOR F. B. Chaffin ADDRESS Ozark Mo.		25. DATE RECD. BY LOCAL REG. 2-18-60	26. REGISTRAR'S SIGNATURE <i>Effie E. Melton</i>	

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 T. B. Cheffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.