

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005952

FILED VS MAR 7 1960

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 252 STATE FILE NUMBER

| | | | |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Wright | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield | | Length of stay in 1b 4 hrs. | c. CITY OR TOWN NORWOOD |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) |
| 3. NAME OF DECEASED (Type or print) First Middle Last Benton M. USSERY | | 4. DATE OF DEATH Month Day Year February 27, 1960 | |
| 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 3-29-1892 |
| 9. AGE (last birthday) 67 | | 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) FARMING | | 10b. KIND OF BUSINESS OR INDUSTRY General Farmer | 11. BIRTHPLACE (City and state or country) Missouri |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13. FATHER'S NAME Martin Ussery | |
| 13b. MOTHER'S MAIDEN NAME Adeline Hargus | | 14. NAME OF HUSBAND OR WIFE Birdie Ussery | |
| 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. 494-18-5488 | 17. INFORMANT Address Birdie Ussery Norwood, 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) **Intra cerebral hemorrhage**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Cerebral arteriosclerosis**

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH
1 day

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
arteriosclerotic heart disease

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

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 **Feb 26** to **Feb 27** and last saw him alive on **Feb 26, 1960**
Death occurred at **1 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Elmer M. Purcell M.D.

22b. ADDRESS
609 Cherry St Springfield

22c. DATE SIGNED
3-3-60

23. BURIAL, CREMATION, REMOVAL (Specify)
REMOVAL

23b. DATE
2-27-1960

23c. NAME OF CEMETERY OR CREMATORY
Macomb Cemetery

23d. LOCATION (City, town, or county) (State)
Mt. Grove, MO.

24. FUNERAL DIRECTOR ADDRESS
EVANS-CRAIG Mt. Grove, MO.

25. DATE RECD. BY LOCAL REG.
3-4-1960

26. REGISTRAR'S SIGNATURE
Effie E. Melton

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 Bill M. Abbott, Student Embalmer No. PERMIT 3

working under my personal supervision.

Student Bill M. Abbott
Signature of Student Embalmer

Signed Gene C. Hunt

Licensed Embalmer No. 4734

P. O. Address Spfld, Ill

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