

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005958

FILED VS. MAR 14 1960 / 28

Registration District No. 2000

Registrar's No. 278

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Springfield			Length of stay in 1b		c. CITY OR TOWN Springfield		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) 1617 N. Fremont		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) GLADYS WEST				4. DATE OF DEATH Month March Day 3 Year 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 28 Jan. 1898	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Springfield, Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James G. Gates			13b. MOTHER'S MAIDEN NAME Alice Hurst		14. NAME OF HUSBAND OR WIFE Emmett West		
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. 497-22-5502		17. INFORMANT Roy West (Son) Springfield, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic nephritis							Unknown
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	
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 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 2-23-60 to 3/3/60 and last saw her alive on 3-3-60 Death occurred at 4:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Name or title) <i>Edward Johnson MD</i>				22b. ADDRESS 609 Cherry Springfield, Missouri		22c. DATE SIGNED 3-9-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/7/60	23c. NAME OF CEMETERY OR CREMATORY Mt. Pisgah		23d. LOCATION (City, town, or county) (State) Greene County, Mo.		
24. FUNERAL DIRECTOR Klingner Mortuary			ADDRESS Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 3-10-60	26. REGISTRAR'S SIGNATURE <i>Effie S. Meeton</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

jhc

APR 18 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Cole Stone Jr.

Licensed Embalmer No. 4170

P. O. Address Springfield

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.