

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-019047

FILED VS MAY 31 1960

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 598 STATE FILE NUMBER

UNDECEASED

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 Strafford		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1623 Irving Foster Rest Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) None		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First NORA Middle Last KING				4. DATE OF DEATH Month May Day 21 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 18 Nov. 1890	9. AGE (last birthday) 69		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR 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 Home		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Davis			13b. MOTHER'S MAIDEN NAME Anna Alexander			14. NAME OF HUSBAND OR WIFE Gus King		
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. Unk.		17. INFORMANT Gus King (Husband) Address Strafford, 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) Arterio sclerotic Heart Disease							INTERVAL BETWEEN ONSET AND DEATH Not Known	
DUE TO (b) Generalized Arterio sclerosis							"	
DUE TO (c)							"	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senile Psychosis							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 1:45 a.m. p.m.		Month, Day, Year 3-12-60						
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 Springfield, Missouri		COUNTY Greene		STATE Missouri
21. I attended the deceased from 3-12-60 to 5/21/60 and last saw her alive on 5-20-60 Death occurred at 1:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Albert P. Simpson, M.D.				22b. ADDRESS 1715 Boonville Springfield, Missouri			22c. DATE SIGNED 5-24-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/23/60	23c. NAME OF CEMETERY OR CREMATORY Danforth Cemetery		23d. LOCATION (City, town, or county) (State) Greene County, Missouri			
24. FUNERAL DIRECTOR Klingner Mortuary ADDRESS Springfield, Mo.				25. DATE RECD. BY LOCAL REG. 5-26-60		26. REGISTRAR'S SIGNATURE Effie D. Meltzer		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

jhw

(Licensed Embalmer's Statement on Reverse Side)

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 Frank

Licensed Embalmer No. 407

P. O. Address Springfield

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.