

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 6 1960

-60-019059

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 608 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Greene</b>													
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield,</b>		Length of stay in 1b <b>1 day</b>		c. CITY OR TOWN <b>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Burge Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>741 S. Fairway</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>										
3. NAME OF DECEASED (Type or print) First <b>TAMARA</b> Middle <b>JOY</b> Last <b>MARSH</b>				4. DATE OF DEATH Month <b>May</b> Day <b>25,</b> Year <b>1960</b>													
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>May 24, 1960</b>		9. AGE (last birthday) <b>0</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>1</b>		IF UNDER 24 HR Hours <b></b> Min. <b></b>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>		11. BIRTHPLACE (City and state or country) <b>Springfield, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>									
13a. FATHER'S NAME <b>William Joseph Marsh</b>				13b. MOTHER'S MAIDEN NAME <b>Dixie Ann Wheeler</b>				14. NAME OF HUSBAND OR WIFE <b>None</b>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT <b>William J. Marsh</b>				Address <b>Springfield, Mo.</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Atelectasis</b>										INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) <b>Premature Birth</b>				24 hrs			
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 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 <b></b> Month, Day, Year <b></b> s.m. <b></b> p.m. <b></b>																	
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 <b>Springfield</b>				COUNTY <b>Missouri</b>		STATE <b>Missouri</b>					
21. I attended the deceased from <b>Birth</b> to <b>5-25-60</b> and last saw <sup>(her)</sup> alive on <b>5-25-66</b> Death occurred at <b>6:20</b> <b>A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.																	
22a. SIGNATURE <b>Douglas Overman M.D.</b> (Degree or title)						22b. ADDRESS <b>Springfield Mo</b>						22c. DATE SIGNED <b>5-26-60</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>May 26, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Eastlawn</b>				23d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>									
24. FUNERAL DIRECTOR <b>Gorman-Scharpf Funeral Home</b> ADDRESS <b>Springfield, Missouri</b>				25. DATE RECD. BY LOCAL REG. <b>5-31-60</b>				26. REGISTRAR'S SIGNATURE <b>Effie E. Meeter</b>									

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 Lucia Schreff

Licensed Embalmer No. 3802

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.