

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022835

FILED VS JUL 5 1960

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 711

STATE FILE NUMBER

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 St. Johns Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 721 W. Ildereen		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First WILLIAM Middle ALLEN Last DESKIN				4. DATE OF DEATH Month June Day 26 Year 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 24 Aug. 1897		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) Scale Maintenance man			10b. KIND OF BUSINESS OR INDUSTRY Scale Co.			11. BIRTHPLACE (City and state or country) Missouri			12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME unknown				13b. MOTHER'S MAIDEN NAME (unknown) Wilkerson				14. NAME OF HUSBAND OR WIFE Hattie Lee Deskin					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI				16. SOCIAL SECURITY NO.				17. INFORMANT Address Hattie Lee Deskin (Wife) Springfield, 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) Stroke										INTERVAL BETWEEN ONSET AND DEATH 1 month			
DUE TO (b) Cerebral arteriosclerosis										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) Sanguine of colon due to thrombosis										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <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 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 Springfield Greene, Mo.							
21. I attended the deceased from May 18 '60 to 6/26/60 and last saw him alive on 6/26/60 Death occurred at 11:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <i>[Signature]</i>						22b. ADDRESS 609 Cherry Springfield, Missouri			22c. DATE SIGNED 6-28-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/30/60		23c. NAME OF CEMETERY OR CREMATORY National Cemetery			23d. LOCATION (City, town, or county) (State) Springfield, Missouri						
24. FUNERAL DIRECTOR Klingner Mortuary Springfield, Mo.				25. DATE RECD. BY LOCAL REG. 6-29-60		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 5 1960

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 _____

Glen D Williams

Licensed Embalmer No. 4651

P. O. Address Springfield

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.