

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-038047
STATE FILE NUMBER

Dr. Park

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1102B

FILED VS NOV 14 1960

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 80 YRS.		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. JOHN'S HOSP.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1525 CHERRY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First LUNETTE Middle LINES Last LINES				4. DATE OF DEATH Month NOV. Day 2 Year 1960									
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6/27/80		9. AGE (last birthday) 80		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) HOME				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) SPRINGFIELD, MO.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME JOHN A. PATTERSON				13b. MOTHER'S MAIDEN NAME MILDRED LOUISA BRIDWELL				14. NAME OF HUSBAND OR WIFE MORTON LINES (DEC.)					
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.		17. INFORMANT Address LAWRENCE LINES 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) Rheumatic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Aortic and Mitral Stenosis DUE TO (c) Generalized Arteriosclerosis										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hydrothorax, Ascites and Edema										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.) None									
20c. TIME OF INJURY Hour a.m. p.m. None		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 5-6-59 to Nov. 2, 1960 and last saw her alive on Nov. 2, 1960 Death occurred at 7:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE W.D. Park, M.D. (Degree or title)						22b. ADDRESS 609 Cherry, Springfield, Mo.			22c. DATE SIGNED 11/3/60 (State)				
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11/4/60		23c. NAME OF CEMETERY OR CREMATORY MAPLE PARK				23d. LOCATION (City, town, or county) SPRINGFIELD, MO.					
24. FUNERAL DIRECTOR ADDRESS H.H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.						25. DATE RECD. BY LOCAL REG. 11-7-60		26. REGISTRAR'S SIGNATURE Effie B. Meeton					

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
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W L Mc Cormac

Licensed Embalmer No. 272

P. O. Address Memphis

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.