

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041616

FILED VS. NOV 21 1960 128

Registration District No. 2000 Registrar's No. 1160

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 30 years	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 DOA St. John's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1025 S. Broadway		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HUGH Middle Last CARR			4. DATE OF DEATH November 16, 1960 Month Day Year			
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 June 28, 1898	9. AGE (last birthday) 62	IF UNDER 1 YEAR IF UNDER 24 HR Months 4 Days 18 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Ritchey, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Harmon Carr		13b. MOTHER'S MAIDEN NAME Dora Alice Pryor		14. NAME OF HUSBAND OR WIFE Marie Carr		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W. War I		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Marie Carr		Address 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) Acute pericardial effusion					INTERVAL BETWEEN ONSET AND DEATH 1 wk	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ca. lip = metastases						
DUE TO (c) Ca pancreas = metastases					6 yrs	
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 Month, Day, Year a.m. p.m.						
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 9/3/57 to 11/16/60 and last saw her/him alive on 10/31/60 Death occurred at 11/16/60 6:30 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Chas Lockhart MD (Degree or title)			22b. ADDRESS 609 Cherry		22c. DATE SIGNED 11/17/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE November 18, 1960	23c. NAME OF CEMETERY OR CREMATORY Greenlawn		23d. LOCATION (City, town, or county) (State) Springfield, Missouri		
24. FUNERAL DIRECTOR ADDRESS Gorman-Scharpf Funeral Home, Inc. Springfield, Missouri		25. DATE RECD. BY LOCAL REG. 11-18-60	26. REGISTRAR'S SIGNATURE Effie G. Melton			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 21 1960

DEC 27 1960

FEB 16 1961

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 Lewis G. Schapiro

Licensed Embalmer No. 380

P. O. Address Spring

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.