

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Maple

-60-045732

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1239

FILED VS DEC 1 9 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 56 YRS.	c. CITY OR TOWN SPRINGFIELD
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BAPTIST HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1520 N. NATIONAL
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last LIVIGA JAMES MCGUIRE			4. DATE OF DEATH Month Day Year DEC. 11 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 1/18/86	9. AGE (last birthday) 74	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED BAKER		10b. KIND OF BUSINESS OR INDUSTRY COLONIAL BAKING CO.	11. BIRTHPLACE (City and state or country) PULASKI, CO. MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JAMES LEROY MCGUIRE		13b. MOTHER'S MAIDEN NAME ALICE TROWER		14. NAME OF HUSBAND OR WIFE HAZEL MCGUIRE		
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. 491-03-0579	17. INFORMANT Address HAZEL MCGUIRE, 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) Toxemia from sepsis with lower extremities		INTERVAL BETWEEN ONSET AND DEATH 8 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Thrombosis of abdominal aorta	DUE TO (c)	unknown
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 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	COUNTY	STATE
21. I attended the deceased from <u>Jan 7, 1956</u> to <u>11 Dec 1960</u> and last saw her/him give on <u>10 Dec 1960</u> Death occurred at <u>5:30 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) Francis M. Maple MD		22b. ADDRESS Springfield, Mo		22c. DATE SIGNED 12 Dec 60
23a. BURIAL, CREMATION, REQUIEM (Specify) BURIAL	23b. DATE 12/14/60	23c. NAME OF CEMETERY OR CREMATORY GREENLAWN	23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.	

24. FUNERAL DIRECTOR ADDRESS H. H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.	25. DATE RECD. BY LOCAL REG. 12-13-60	26. REGISTRAR'S SIGNATURE Effie S. Melton		
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NEED

DEC 20 1960

VS JAN 5 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 W. L. McCon

Licensed Embalmer No. 272

P. O. Address Springfield

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.