

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004350

FILED VS. FEB. 6 1961

AMENDED

Registration District No. 361 Primary Registration District No. 61F3 Registrar's No. 6

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY SULLIVAN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY SULLIVAN			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Park Twp		Length of stay in 1b LIFE		c. CITY OR TOWN MILAN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MATILDA Middle JANE Last SPRINGER				4. DATE OF DEATH Month JAN Day 30 Year 1961			
5. SEX FE	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-10-81	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days 	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE		11. BIRTHPLACE (City and state or country) MILAN		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME SIMON PETER FORD			13b. MOTHER'S MAIDEN NAME SUSAN CLARK		14. NAME OF HUSBAND OR WIFE ARTHUR SPRINGER		
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. NONE		17. INFORMANT Address GLENDYN HOENER QUINCY ILL			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) 						INTERVAL BETWEEN ONSET AND DEATH instant 2 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"/> N- <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 2:27 P.M. to and last saw her/him alive on . Death occurred at 2:27 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Earl Simpson D.O. (Degree or title) Coroner				22b. ADDRESS Milam Mo		22c. DATE SIGNED 1-31-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2-1-61	23c. NAME OF CEMETERY OR CREMATORY OAKWOOD		23d. LOCATION (City, town, or county) MILAN (State) Mo		
24. FUNERAL DIRECTOR ADDRESS Legg Funeral Home, Milam, Mo			25. DATE RECD. BY LOCAL REG. 2-3-61		26. REGISTRAR'S SIGNATURE Mrs. M. W. Beckett		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *James W. Leggett*

Licensed Embalmer No. 3792

P. O. Address Melan M

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.