

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-005064

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 165

AMENDED

FILED VS FEB 20 1967

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Length of stay in 1b _____
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. St: Johns Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 1370 E. Thoman Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First EVERETT Middle M. Last COMPTON
4. DATE OF DEATH Month February Day 14 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 9 Feb. 1908 9. AGE (last birthday) 53 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) Laborer 10b. KIND OF BUSINESS OR INDUSTRY RRisco Railroad 11. BIRTHPLACE (City and state or country) Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Ed Compton 13b. MOTHER'S MAIDEN NAME Maude Martin 14. NAME OF HUSBAND OR WIFE Genevieve Compton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT Genevieve Compton (Wife) Address 1370 E. Thoman 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) Coronary occlusion INTERVAL BETWEEN ONSET AND DEATH Sudden
DUE TO (b) Arterio Sclerotic heart disease Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rheumatoid Arthritis PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 June 58 to Jan 61 and last saw him alive on Jan 11 '61
Death occurred at 8:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L.M. Rigney, M.D. (Degree or title) 22b. ADDRESS Springfield, Missouri 22c. DATE SIGNED 2/15/61 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2-17-61 23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery 23d. LOCATION (City, town, or county) Springfield, Missouri

24. FUNERAL DIRECTOR KLINGNER MORTUARY, INC. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 2-16-61 26. REGISTRAR'S SIGNATURE Effie B. Meeten

DATE AMENDED.

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

FEB 21 1961

FEB 13 1962

FEB 28 1962

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 Ellen 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.