

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005091

STATE FILE NUMBER

Dr. Park

Registration District No. 128 Primary Registration District No. 2022 Registrar's No. 153

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b>		Length of stay in lb <b>5 YRS.</b>	c. CITY OR TOWN <b>SPRINGFIELD</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1902 S. WELLER</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1902 S. WELLER</b>
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>LEWIS</b> Last <b>IMMING</b>			4. DATE OF DEATH Month <b>FEB.</b> Day <b>10</b> Year <b>1961</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/12/84</b>
9. AGE (last birthday) <b>76</b>		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) <b>RETIRED MANAGER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>J.C. PENNY CO.</b>	11. BIRTHPLACE (City and state or country) <b>EFFINGHAM, ILL.</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>			13a. FATHER'S NAME <b>JOHN IMMING</b>
13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>LOUISE IMMING</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		17. INFORMANT Address <b>MRS. J.N. McCALLON, SPRINGFIELD, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction Due to</b> DUE TO (b) <b>Arteriosclerotic Coronary Thrombosis</b> DUE TO (c) <b>Arteriosclerotic Heart Disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			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) <b>Chronic Pulmonary Emphysema</b>			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"/> <b>NONE</b>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>NONE</b>	
20c. TIME OF INJURY Hour _____ Month, Day, Year a.m. _____ p.m. <b>NONE</b>			
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.) <b>NONE</b>	
20f. CITY, TOWN, OR LOCATION COUNTY STATE		21. I attended the deceased from <b>11-1-60</b> to <b>2-10-61</b> and last saw him alive on <b>2-10-61</b> Death occurred at <b>4 P.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>W.D. Park, M.D.</b>		22b. ADDRESS <b>609 Cherry, Springfield, Mo</b>	
22c. DATE SIGNED <b>2/11/61</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
23b. DATE <b>2/13/61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>OAKLAWN CEMETERY</b>	
23d. LOCATION (City, town, or county) <b>WEST PLAINS, MO.</b>		23e. (State)	
24. FUNERAL DIRECTOR ADDRESS <b>H.H. LOHMEYER FUNERAL HOME</b> <b>SPRINGFIELD, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>2-14-61</b>	
26. REGISTRAR'S SIGNATURE <b>Effie S. Mellon</b>			

**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 *DAVID M. COOM*

Licensed Embalmer No. 2727

P. O. Address *Spalding*

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.