

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-81-008357

DEPARTMENT OF PUBLIC HEALTH AND WELFARE
 Dr. Purcell
 AMENDED

Registration District No. 12-8 Primary Registration District No. 200 Registrar's No. 213

STATE FILE NUMBER

FILED APR 3 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY OREGON									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in lb 1 WK.		c. CITY OR TOWN ALTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First DWIGHT Middle HEWITT Last GOHN				4. DATE OF DEATH Month MARCH Day 26 Year 1961									
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 12/23/10		9. AGE (last birthday) 50		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CIRCUIT COURT REPORTER				10b. KIND OF BUSINESS OR INDUSTRY REPORTER		11. BIRTHPLACE (City and state or country) ALTON, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME CORWIN S. GOHN				13b. MOTHER'S MAIDEN NAME MARY BISHOP				14. NAME OF HUSBAND OR WIFE GRETCHEN GOHN					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES				16. SOCIAL SECURITY NO.		17. INFORMANT Address GRETCHEN GOHN, ALTON, 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 myocardial infarction Arteriosclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____										INTERVAL BETWEEN ONSET AND DEATH 12 days			
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 checked="" type="checkbox"/> NO <input 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 3-22-61 to 3-26-61 and last saw ^{her} him alive on 3-26-61 Death occurred at 4 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Elmer M Purcell, M.P. (degree or title)						22b. ADDRESS 609 Cherry St Springfield, Mo			22c. DATE SIGNED 3-22-61				
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3/29/61		23c. NAME OF CEMETERY OR CREMATORY SMITH CEMETERY			23d. LOCATION (City, town, or county) (State) ALTON, MISSOURI						
24. FUNERAL DIRECTOR ADDRESS H.H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.					25. DATE RECD. BY LOCAL REG. 3-29-61		26. REGISTRAR'S SIGNATURE Offie S. Melton						

APR 4 1961

APR 11 1961

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 *H. L. McC*

Licensed Embalmer No. *2222*

P. O. Address *H. L. McC*

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.