SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-013383
STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 395 D

FILED MAY 1 1961

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield
Length of stay in 1b: 50 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Burge Protestant 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): 1029 S. Pickwick
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First DORIS Middle G. Last McDAVID

4. DATE OF DEATH: Month April Day 19, Year 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: February 14, 1894
9. AGE (last birthday): 67
IF UNDER 1 YEAR: Months 2 Days 5
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: In Home
11. BIRTHPLACE (City and state or country): Monett, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Arthur Gustafson
13b. MOTHER'S MAIDEN NAME: Pearl Stonecipher
14. NAME OF HUSBAND OR WIFE: F. M. McDavid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. J. Garland Parrish Address: Springfield, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Mitral Stenosis & Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: few yrs.
Aortic Insufficiency
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Rheumatic Fever — yrs. ago.
DUE TO (c):

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. ☐ 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 1956 to April 19, 1961 and last saw her alive on April 19, 1951
Death occurred at 12:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title): M. D.
22b. ADDRESS: Springfield, Mo.
22c. DATE SIGNED: 4-21-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: April 22, 1961
23c. NAME OF CEMETERY OR CREMATORY: Greenlawn
23d. LOCATION (City, town, or county) (State): Springfield, Missouri

24. FUNERAL DIRECTOR ADDRESS: Gorman-Scharpf Funeral Home, Inc. Springfield, Missouri
25. DATE RECD. BY LOCAL REG.: 4-24-61
26. REGISTRAR'S SIGNATURE: Effie E. Melton

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF DOCUMENT
SHOULD READ
ITEM NO.
BY AFFIDAVIT OF

MAY 1 1961

MAY 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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed L Doolin Gorma

Signature of Student Embalmer

Licensed Embalmer No. 3177

P. O. Address Springfield, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.