

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017059

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 138 Primary Registration District No. 200 Registrar's No. 481

FILED MAY 22 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

| | | | | | |
|---|---|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Greene</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Springfield</u> | | Length of stay in lb <u>23 years</u> | c. CITY OR TOWN <u>Springfield</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Handley Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS <u>3042 W. Lynn</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>MARTHA</u> Middle <u>JANE</u> Last <u>BRIDGES</u> | | | 4. DATE OF DEATH Month <u>May</u> Day <u>12</u> Year <u>1961</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>5/14/1937</u> | 9. AGE (last birthday) <u>23</u> | IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Springfield, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Homer Reynolds</u> | | 13b. MOTHER'S MAIDEN NAME <u>Juanita Davis</u> | | 14. NAME OF HUSBAND OR WIFE <u>Jack</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT <u>Jack Bridges, Spgfld, Missouri</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Brain abscess</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. <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 _____ 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 <u>May 10, '61</u> to <u>May 12, '61</u> and last saw her alive on <u>May 12, '61</u> Death occurred at <u>12:30 p.m.</u> on the date stated above, and to the best of my knowledge from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Carle H. Schreff md.</u> | | | 22b. ADDRESS <u>1630 N. Jefferson Springfield Mo</u> | | 22c. DATE SIGNED <u>5-15-61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>5/15/1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Northeast of city, Mo.</u> | | |
| 24. FUNERAL DIRECTOR <u>Ralph Thieme</u> | | ADDRESS <u>1200 Boonville Springfield, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>5-19-61</u> | 26. REGISTRAR'S SIGNATURE <u>Effie E. Melton</u> | |

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 *Geith Collier*

Licensed Embalmer No. 3632

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.