

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017076

STATE FILE NUMBER

Registration District No. 122 Primary Registration District No. 200 Registrar's No. 500 D

AMENDED

FILED JUN 12 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>Missouri</u> b. COUNTY <u>Greene</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Length of stay in 1b		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>Bunge Prost. Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1049 W. Webster</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Carol</u> Middle <u>Jeannette</u> Last <u>Essory</u>				4. DATE OF DEATH Month <u>May</u> Day <u>17</u> Year <u>1961</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5-16-1961</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and state or country) <u>Springfield, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Edward Gene Essory</u>			13b. MOTHER'S MAIDEN NAME <u>Carol Jean Holstetter</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Edward Gene Essory, Springfield, Mo.</u> Address			
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>RESPIRATORY DISTRESS, due to</u> <u>DIAPHRAGMATIC HERNIA</u> <u>HYPOPLASIA, LEFT LUNG</u> <u>APELECTASIS OF LUNGS, BILATERAL, SEVERE</u> DUE TO (b) <u>PREMATURITY - SWUNG, WITH IMMATURITY OF KIDNEYS</u> <u>LIVER, PANCREAS, LUNGS, BRAIN</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. OTHER PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>MALROTATION, INTESTINE</u> <u>HEMORRHAGE (INTERSTITIAL) IN FALX CEREBRI, + IN TENTORIUM CEREBELLI</u>							INTERVAL BETWEEN ONSET AND DEATH <u>FROM BIRTH</u>	
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>16 MAY 1961</u> to <u>17 MAY 1961</u> and last saw her/him alive on <u>17 MAY 1961</u> Death occurred at <u>11:15 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Erwin F. Buzsack, MD.</u>				22b. ADDRESS <u>Professional Bldg. 609 Cherry, Springfield, Mo</u>		22c. DATE SIGNED <u>5 June 61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-18-1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Good Spring Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Webster Co., Missouri</u>		
24. FUNERAL DIRECTOR <u>Rex Rainey, Springfield, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>6-8-61</u>		26. REGISTRAR'S SIGNATURE <u>Effie S. Meaton</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



Licensed Embalmer No. _____

4568

P. O. Address _____

Springfield, Mo.

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.