SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

ITMENT OF PUBLIC HEALTH AND WELFARE

61-020938
STATE FILE NUMBER

AMENDED

FILED JUL 6 1961

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 543

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

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Length of stay in 1b: 9 mos
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 439 W Talmage — 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): 439 W Talmage — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First GILBERT Middle A Last DETHEROW
4. DATE OF DEATH: Month MAY Day 30 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: July 12, 1886
9. AGE (last birthday): 74 — 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): Ret Cleaner and Presser
10b. KIND OF BUSINESS OR INDUSTRY: Laundry
11. BIRTHPLACE (City and state or country): Laclede Co Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John Detherow
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: ——
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Miodo L Detherow, 439 W Talmadge, Sp Address: Springfield, Missouri

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): Likely Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Likely Cerebral Vascular Sclerosis — unknown
DUE TO (c): UNATTENDED BY A PHYSICIAN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Had cerebral vascular accident 6 yrs ago
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 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX to XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX and last saw her/him alive on
Death occurred at 9:00 A M m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: James R. Cross, M.D. (Degree or title)
22b. ADDRESS: Greene County Health Officer, Spfld Mo
22c. DATE SIGNED: 6-1-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 3, 1961
23c. NAME OF CEMETERY OR CREMATORY: East Lawn
23d. LOCATION (City, town, or county) (State): Springfield, Mo
24. FUNERAL DIRECTOR: Jewell E Windle ADDRESS: Springfield, Mo
25. DATE RECD. BY LOCAL REG.: 6-2-61
26. REGISTRAR'S SIGNATURE: Effie G Melton

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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