

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021040
STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. _____ Registrar's No. 637

FILED JUL 10 1961

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Strafford	Length of stay in 1b 82 years	c. CITY OR TOWN Strafford	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 2	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 2	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First IDA Middle _____ Last YOUNG	4. DATE OF DEATH Month July Day 2 Year 1961
--	---

5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 29, 1879	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months 0 Days 13	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) Springfield, Missouri	12. CITIZEN OF WHAT COUNTRY USA
--	--	---	--

13a. FATHER'S NAME Niles B. Bergland	13b. MOTHER'S MAIDEN NAME Ella Young	14. NAME OF HUSBAND OR WIFE Robert F. Young
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None	16. SOCIAL SECURITY NO. _____	17. INFORMANT John W. Young Address Springfield, Missouri
---	-------------------------------	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertension - arterio-sclerotic	
	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 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 June 24, 1961 to July 2, 1961 and last saw her ^{her} _{him} alive on 6-28-61
Death occurred at _____ A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John W. Young (Degree or title) M.D.	22b. ADDRESS Springfield, Mo	22c. DATE SIGNED 7-3-61
---	-------------------------------------	--------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 5, 1961	23c. NAME OF CEMETERY OR CREMATORY Danforth	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. 7-5-61	26. REGISTRAR'S SIGNATURE Effie S. Melton
---	--	--

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

By John Williams

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 *L. Doolin Gorman*

Licensed Embalmer No. 3177

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.