

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024773

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 708

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Greene		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Springfield		d. STREET ADDRESS (If outside, give location) 1336 N. Grant Avenue	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 1 day		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Spfd. Baptist Hospital				d. STREET ADDRESS (If outside, give location) 1336 N. Grant Avenue			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First DIANA		Middle LYNN		Last GRAPES		Month Day Year July 26 1961	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/26/61	9. AGE (last birthday) 0	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Mins 25	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Springfield		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Dale F. Grapes			13b. MOTHER'S MAIDEN NAME Shirley Hampton			14. NAME OF HUSBAND OR WIFE -- --	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Dale Grapes 1336 N. Grant Springfield, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Immature development of lungs							
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 type="checkbox"/> NO <input checked="" 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 7-26-61 to 7-26-61 and last saw her alive on 7-26-61 .							
Death occurred at 4:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Walter A. Herman Jr. MD (Degree or title)				22b. ADDRESS 1211 S. Glenstone, Springfield, Mo.		22c. DATE SIGNED 8-1-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/27/61	23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery		23d. LOCATION (City, town, or county) Springfield, Missouri		(State)	
24. FUNERAL DIRECTOR Ralph Thieme 1200 Boonville Springfield, Missouri				25. DATE RECD. BY LOCAL REG. 8-3-61		26. REGISTRAR'S SIGNATURE Effie S. Mellow	

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Ralph A. Thorne

Licensed Embalmer No. 3641

P. O. Address Springfield, Mass.

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.