SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-024775

STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 756

FILED AUG 14 1961

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Mo. — Length of stay in 1b: 9 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Burge Protestant Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Hickory
c. CITY OR TOWN Urbana — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 4½ Mi N.W. Urbana — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Connie Middle Ruth Last Green
4. DATE OF DEATH: Month Aug Day 8 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Oct-22-1948
9. AGE (last birthday): 12 — IF UNDER 1 YEAR: Months 9 Days 16 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: ——
11. BIRTHPLACE (City and state or country): Hickory Co, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: Ernest Green
13b. MOTHER'S MAIDEN NAME: Nellie Mathews
14. NAME OF HUSBAND OR WIFE: None
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.: ——
17. INFORMANT: Ernest Green — Address: Urbana, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): MALIGNANT TUMOR OF OVARY WITH METASTESES DYSGERMINOMA — INTERVAL BETWEEN ONSET AND DEATH: 13 MO
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. ☐ 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, Month, Day, Year a.m. p.m.
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 7-5-60, to 8-8-61 and last saw her alive on 8-8-61
Death occurred at 6:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Urban S Busick MD
22b. ADDRESS: Springfield Mo
22c. DATE SIGNED: 8-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-10-1961
23c. NAME OF CEMETERY OR CREMATORY: Bowers Chapel Cem
23d. LOCATION (City, town, or county) (State): Dallas Co. Mo

24. FUNERAL DIRECTOR — ADDRESS: Allen W. Vaughan, Urbana, Mo
25. DATE RECD. BY LOCAL REG.: 8-11-61
26. REGISTRAR'S SIGNATURE: Effie G. Mellon

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF — MEDICAL CERTIFICATION

FEB 26 1963

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 Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Urbana, 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.