

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040728

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1070c

AMENDED

FILED NOV 20 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Lawrence									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 1 week		c. CITY OR TOWN Aurora		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Springfield Baptist			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 113 E. College		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First HERSCHEL Middle CASSIUS Last HOUSE						4. DATE OF DEATH Month November Day 4 Year 1961							
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/13/96		9. AGE (last birthday) 65		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Merchant				10b. KIND OF BUSINESS OR INDUSTRY Retail				11. BIRTHPLACE (City and state or country) Republic, Mo.		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME John House				13b. MOTHER'S MAIDEN NAME Anne Vance				14. NAME OF HUSBAND OR WIFE Irene House					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI				16. SOCIAL SECURITY NO.				17. INFORMANT Address Mrs. Irene House; Aurora, 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) Intestinal Obstruction DUE TO (b) Carcinoma of Rt. Ventr DUE TO (c) Chronic Obstruction of sigmoid.										INTERVAL BETWEEN ONSET AND DEATH 6 wks. 14 months			
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 Jan 1960 to Nov 4, 1961 and last saw him alive on Nov 4, 1961 Death occurred at 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) A. P. Galt M.D.						22b. ADDRESS Law, Mo.			22c. DATE SIGNED 11-4-61				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/7/61		23c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery				23d. LOCATION (City, town, or county) (State) Aurora, Mo.					
24. FUNERAL DIRECTOR Arnold's Funeral Home;				ADDRESS Aurora, Mo.		25. DATE RECD. BY LOCAL REG. 11-13-61		26. REGISTRAR'S SIGNATURE Officer Melton					

JUL 19 1962

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 *Ervin R. Arnold*

Licensed Embalmer No. 4929

P. O. Address Aureora, 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.