

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044222

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1343

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		a. STATE Missouri		b. COUNTY Greene			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital		Length of stay in 1b		c. CITY OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 926 N. National		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH					
First LILLIE		Middle DAVIDSON		Last		Month Day Year December 31, 1961			
5. SEX Female		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 8 Jan. 1894			
9. AGE (last birthday) 67		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.		12. CITIZEN OF WHAT COUNTRY USA			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME J. Thomas Spivey			13b. MOTHER'S MAIDEN NAME Margaret ?			14. NAME OF HUSBAND OR WIFE Vernon E. Davidson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Vernon E. Davidson (Husband)			Address 926 N. National	
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) Thrombosis of right femoral artery							11 hrs.		
DUE TO (b) Atherosclerosis generalized							yes.		
DUE TO (c) Hypertensive C-V-X disease							4 yrs		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Obesity							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 31 Dec 61 to 12/31/61 and last saw her ^{her} _{him} alive on 12/31/61				Death occurred at 6:28 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Ernest E. Small, M.D.				22b. ADDRESS 1630 N. Jefferson SPRINGFIELD Missouri				22c. DATE SIGNED 4 Jan 62	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1-3-62		23c. NAME OF CEMETERY OR CREMATORY HOPEDALE CEMETERY		23d. LOCATION (City, town, or county) (State) CHRISTIAN CO., MO.			
24. DIRECTOR'S ADDRESS KLINGNER MORTUARY, INC. SPRINGFIELD Mo.				25. DATE RECD. BY LOCAL REG. 1-5-62		26. REGISTRAR'S SIGNATURE Effie S. Melton			

jhc

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. 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 Ogden Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

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.