

G.M.K.

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014829

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 621

FILED APR 25 1962

VS 300
Rev. 4/59

1 0397
2 0397
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4 0
5 1
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7 1
8 2
9 4200
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12 92-0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b	c. CITY OR TOWN Springfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Burge Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1252 E. McGee Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First VESTAL Middle C Last CLARK		4. DATE OF DEATH Month April Day 15 Year 1962	
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 11/28/1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Methodist Minister		10b. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE (last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City and state or country) Mississippi		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Robert Clark		13b. MOTHER'S MAIDEN NAME Faust	14. NAME OF HUSBAND OR WIFE Virginia Clark
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.	
17. INFORMANT Virginia Clark (Wife)		Address 1252 McGee Springfield, 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) m Acute myocardial infarction Less than 2 hrs. DUE TO (b) Arteriosclerotic heart disease since 1952 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			INTERVAL BETWEEN ONSET AND DEATH
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 1-22-51 to 4/15/62 and last saw ^{her} him alive on 1-31-62 Death occurred at DOA at 2:35 P.m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>A.M.K. Klingner M.D.</i>		22b. ADDRESS 1630 N. Jefferson Springfield, Missouri	22c. DATE SIGNED 4-17-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 18, 1962	23c. NAME OF CEMETERY OR CREMATORY Malta Bend	23d. LOCATION (City, town, or county) (State) Malta Bend MO.
24. FUNERAL DIRECTOR KLINGNER MORTUARY, INC.		25. DATE RECD. BY LOCAL REG. 4-18-62	26. REGISTRAR'S SIGNATURE <i>Effie S. Melton</i>

jhc

(Licensed Embalmer's Statement on Reverse Side)

SEP 14 1962

Permit renewed 4-16-62

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 John Klugger J

Licensed Embalmer No. 5102

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.

4-11-62