MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

Dr. Ashley

-62-014855
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0397
2 0200
3 2
4 1
5 2
6
7 0
8 1
9 585X
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11
12 5-0
13

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 611

FILED APR 23 1962

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD — Length of stay in 1b: 4 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BAPTIST HOSP. — Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CEDAR
c. CITY OR TOWN STOCKTON — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 310 E. SPRING ST. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First MAUDE Middle CLEMENTINE Last HAINES
4. DATE OF DEATH Month APRIL Day 14 Year 1962
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH 3/23/91
9. AGE (last birthday) 71 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) STOCKTON, MO.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME WARD HUDSON
13b. MOTHER'S MAIDEN NAME CLEMENTINE REED
14. NAME OF HUSBAND OR WIFE
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 TOM HAINES, STOCKTON, MO. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bile peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute cholecystitis — 1 week
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 X No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES X 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 a.m. p.m. Month, Day, Year
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 4-10-62, to 4-14-62 and last saw her/him alive on 4-14-62
Death occurred at 10:25 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ashley (Degree or title) MD
22b. ADDRESS Springfield Mo
22c. DATE SIGNED 4-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 4/18/62
23c. NAME OF CEMETERY OR CREMATORY PANKEY CEMETERY
23d. LOCATION (City, town, or county) (State) CEDAR COUNTY, MO.

24. FUNERAL DIRECTOR H.H. LOHMEYER FUNERAL HOME ADDRESS SPRINGFIELD, MO.
25. DATE RECD. BY LOCAL REG. 4/23/62
26. REGISTRAR'S SIGNATURE Howard Wilke M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

T. E. Cochran

USE BLACK INK OR TYPEWRITER RIBBON

Permit issued 4-16-62

APR 26 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_____ Signed [signature]

Signature of Student Embalmer

Licensed Embalmer No. 2727

P. O. Address [signature]

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.