

MISSOURI DIVISION OF HEALTH - STANDARD STATEMENT OF DEATH

-62-014877

Dr. Gose

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 603

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 23 1962

VS 300
Rev. 4/59

1 0-397
2 0-397
3 2
4 0
5 1
6
7 2
8 0
9
10 8
11 133
12 4-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

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 45 YRS.	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 ST. JOHN'S HOSP.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1031 S. FREMONT Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EDWARD SAMUEL LURIE			4. DATE OF DEATH Month Day Year APRIL 13 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 1/15/95
9. AGE (last birthday) 67		IF UNDER 1 YEAR Months Days Hours	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) E.S. LURIE MFG. CO.		10b. KIND OF BUSINESS OR INDUSTRY CLOTHING MANUFACTURER	11. BIRTHPLACE (City and state or country) LITHUANIA
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME SIDNEY L. LURIE	
13b. MOTHER'S MAIDEN NAME RACHEL LEAH OBERMAN		14. NAME OF HUSBAND OR WIFE JEANETTE LURIE	
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. [REDACTED]	17. INFORMANT SIDNEY E. LURIE, SPRINGFIELD, MO.
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchitis-early pneumonia - Result of Trauma DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 36 hrs
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.	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 2-22-50 to 4-12-62 and last saw him alive on 4-12-62 Death occurred at 5 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J.P. Maddox M.D.		22b. ADDRESS Springfield, Mo	22c. DATE SIGNED 4/13/62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4/16/62	23c. NAME OF CEMETERY OR CREMATORY TEMPLE ISRAEL	23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.
24. FUNERAL DIRECTOR ADDRESS H.H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.		25. DATE RECD. BY LOCAL REG. 4-17-62	26. REGISTRAR'S SIGNATURE Effie S. Melton

APR 27 1962

MAY 1 1962

JUL 10 1962

MAY 18 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 *Robert M. Cannon*

Licensed Embalmer No. 2727

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.