

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014886-

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 592

FILED APR 23 1962

VS 300
Rev. 4/59

1 0397

2 0397

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11 133

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13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Springfield</u> | | c. CITY OR TOWN <u>Springfield</u> | |
| Length of stay in 1b | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) <u>City Hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>2549 E. Atlantic</u> | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>CAROL</u> Middle <u>JUNE</u> Last <u>MAY</u> | | 4. DATE OF DEATH Month <u>April</u> Day <u>12</u> Year <u>1962</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>23 Dec. 1938</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u> | 11. BIRTHPLACE (City and state or country) <u>SPRINGFIELD, Mo.</u> |
| 13a. FATHER'S NAME <u>CLYDE H. MAY</u> | | 13b. MOTHER'S MAIDEN NAME <u>HATTIE CANADY</u> | 14. NAME OF HUSBAND OR WIFE <u>NONE</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>NO</u> | 17. INFORMANT <u>Hattie Stogsdill (Mother) Springfield, Mo.</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>2 coronary arteriosclerosis</u> DUE TO (b) <u>70% 3 degree body burn</u> DUE TO (c) <u>Pneumonia - terminal</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> | |
| 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 checked="" type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" 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.) <u>Burned at home on stove</u> | |
| 20c. TIME OF INJURY Hour <u>3:30</u> p.m. Month, Day, Year <u>4-1-62</u> | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION <u>Springfield, Missouri</u> | |
| 21. I attended the deceased from <u>4/1/62</u> to <u>4/12/62</u> and last saw her alive on <u>4/11/62</u> | | Death occurred at <u>12:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE <u>[Signature]</u> | | 22b. ADDRESS <u>Springfield, Missouri</u> | |
| 22c. DATE SIGNED <u>4/14/62</u> | | 23a. BIRTHPLACE (City and state or country) <u>SPRINGFIELD, Mo.</u> | |
| 23b. DATE <u>4-14-62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>HAZELWOOD</u> | 23d. LOCATION (City, town, or county) <u>SPRINGFIELD, Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>KLINGNER MORTUARY, INC. Springfield, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>4-17-62</u> | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> |

jhc

(Licensed Embalmer's Statement on Reverse Side)

Permit renewed 4-15-63

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 Glen A. Williams

Licensed Embalmer No. 4651

P. O. Address Springfield 710

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.