

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-014914

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 593

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 23 1962

1. PLACE OF DEATH
a. COUNTY GREENE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY WEBSTER

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD Length of stay in 1b _____ c. CITY OR TOWN FORDLAND Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BAPTIST HOSPITAL Inside Limits Yes No d. STREET ADDRESS (If outside, give location) RFD # 2 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last WALTER SHOE 4. DATE OF DEATH Month Day Year APRIL 12, 1962

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 16 MARCH 1899 9. AGE (last birthday) 62 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DISABLED 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) MISSOURI 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME WILLIAM SHOE 13b. MOTHER'S MAIDEN NAME CATHERINE COFFMAN 14. NAME OF HUSBAND OR WIFE MARY SHOE

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. NO 17. INFORMANT MARY SHOE (WIFE) Address FORDLAND, 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) malignant nonchromaffin paraganglioma INTERVAL BETWEEN ONSET AND DEATH 5 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 No Unknown

19. WAS AUTOPSY PERFORMED? YES 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 8/31/61 to 4-12-62 and last saw him alive on 4/12/62
Death occurred at 11:00 A-m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) T E Cochran MD 22b. ADDRESS 1211 S. ELENSTONE SPRINGFIELD, MO. 22c. DATE SIGNED 4/13/62

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE 4-12-62 23c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD 23d. LOCATION (City, town, or county) (State) CLINTON, MO.

24. FUNERAL DIRECTOR VANZANT FUNERAL HOME ADDRESS CLINTON, MO. 25. DATE RECD. BY LOCAL REG. 4-17-62 26. REGISTRAR'S SIGNATURE Effie S. Mellon

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

T E COCHRAN
USE BLACK INK OR
TYPEWRITER RIBBON

VS 300 Rev. 4/59
1 0.397
2 11.20
3 /
4 0
5 /
6
7 0
8 0
9 195.7
10
11
12 5-0
13

Permit renewed
4-13-62

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 Klugman*

Licensed Embalmer No. 5102

P. O. Address *Spfld*

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.