

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

*Kim Jones* - 52-022574

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 913

**FILED JUN 18 1962**

VS 300 Rev. 4/59

6397  
20397

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934X

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE _____ b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b>		c. CITY OR TOWN <b>SPRINGFIELD</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BURGE HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>1252 E. MC GEE</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>VIRGINIA CLARK</b>		4. DATE OF DEATH Month Day Year <b>JUNE 9, 1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-11-1885</b>
9. AGE (last birthday) <b>77</b>		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) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>In Home</b>	11. BIRTHPLACE (City and state or country) <b>Kentucky</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>J.S. McMullin</b>	
13b. MOTHER'S MAIDEN NAME <b>Nancy L. Spencer</b>		14. NAME OF HUSBAND OR WIFE <b>Widowed</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>—</b>	
17. INFORMANT <b>Raymond Clark</b>		Address <b>Springfield, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Arteriosclerosis with multiple thrombi</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 <b>2-21-49</b> to <b>6-9-62</b> and last saw her/him alive on <b>6-9-62</b> Death occurred at <b>7:30pm</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J.M.K. Klingner</i> (Degree or title)		22b. ADDRESS <b>SPRINGFIELD MO.</b>	22c. DATE SIGNED <b>6-12-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Renova &amp; Burial</b>	23b. DATE <b>6-12-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Malta Bend Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Malta Bend, Missouri</b>
24. FUNERAL DIRECTOR <b>KLINGNER MORTUARY, INC. SPRINGFIELD</b>		25. DATE RECD. BY LOCAL REG. <b>6-13-62</b>	26. REGISTRAR'S SIGNATURE <i>Effie S. Nelson</i>

USE BLACK INK OR TYPEWRITER RIBBON

OCT 11 1962

Permit received 6-11-62

**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 Klueger Jr.

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.