

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Scanlon-62-022607

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 956 STATE FILE NUMBER

FILED JUN 25 1962

1. PLACE OF DEATH a. COUNTY GREBNE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE _____ b. COUNTY GREBNE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1623 Irving		d. STREET ADDRESS (If outside, give location) 1746 W. THOMAN	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM GREENWOOD		4. DATE OF DEATH Month Day Year JUNE 18, 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-22-1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and state or country) ILL.
13a. FATHER'S NAME W.H. GREENWOOD		13b. MOTHER'S MAIDEN NAME MARY REED	14. NAME OF HUSBAND OR WIFE WIDOWER
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.	17. INFORMANT DON GREENWOOD
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH 1 hr.
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.	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 <u>1-1-60</u> to <u>6-18-62</u> and last saw ^{her} _{him} alive on <u>6-17-62</u> Death occurred at <u>6:15am</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert C Scanlon M.D.		22b. ADDRESS SPRINGFIELD Mo.	22c. DATE SIGNED 6-18-62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-21-62	23c. NAME OF CEMETERY OR CREMATORY PLEASANT HOPE CEMETERY	23d. LOCATION (City, town, or county) (State) GREEN COUNTY, MISSOURI
24. FUNERAL DIRECTOR ADDRESS KUNGNER MORTUARY, INC. SPRINGFIELD Mo.		25. DATE RECD. BY LOCAL REG. 6-20-62	26. REGISTRAR'S SIGNATURE Effie S. Mellen

DATE AMENDED
ITEM NO. SHOULD READ
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

Robert C Scanlon
USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59
1 0397
2 0397
3
4 0
5 2
6
7 1
8 0
9 420.1
10
11
12 91-0
13

Permit record 6-20-63

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. 652

working under my personal supervision.

Student *Richard W. [Signature]*
Signature of Student Embalmer

Signed *John [Signature]*

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.