

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022688
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 948
FILED JUN 25 1962

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 2 days	c. CITY OR TOWN Republic, Mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Elm St.
3. NAME OF DECEASED (Type or print) First Fred Middle R. Last Short		4. DATE OF DEATH Month June Day 16, Year 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 5-23-1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hardware Merchant		10b. KIND OF BUSINESS OR INDUSTRY Hardware	9. AGE (last birthday) 82
11. BIRTHPLACE (City and state or country) Republic, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME W.C. Short		13b. MOTHER'S MAIDEN NAME Mattie Anderson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/>		16. SOCIAL SECURITY NO. <input type="checkbox"/>	
17. INFORMANT Mrs. Clara Short		Address Republic, 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) Cardiac Arrest			INTERVAL BETWEEN ONSET AND DEATH 4 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atheros - Stokes Syndrome			several weeks
DUE TO (c) Arteriosclerotic Heart Disease			?
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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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>6-15-62</u> to <u>6-16-62</u> and last saw her/him alive on <u>6-16-62</u> . Death occurred at <u>10:45 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Daniel L. Dolan, M.D.		22b. ADDRESS 609 Cherry St. Springfield, Mo.	22c. DATE SIGNED 6-18-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-18-1962	23c. NAME OF CEMETERY OR CREMATORY Emergreen Cemetery	23d. LOCATION (City, town, or county) (State) Republic, Mo.
24. FUNERAL DIRECTOR ADDRESS W.B. Cantrell Republic, Mo.		25. DATE RECD. BY LOCAL REG. 6-19-62	26. REGISTRAR'S SIGNATURE Effie S. Mutton

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59

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94200

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Daniel Dolan
USE BLACK INK
OR
TYPEWRITER RIBBON

Permit Serial 6-18-6

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 William B. Coates

Licensed Embalmer No. 2820

P. O. Address Republic, Mo

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.