

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030621

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1227

FILED AUG 20 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

6397
21141

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wright | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield | | Length of stay in lb 6 days | c. CITY OR TOWN Mountain Grove, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 403 Lake Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Grace Middle Mae Last Glenn | | | 4. DATE OF DEATH Month August Day 9, Year 1962 |
| 5. SEX Female | 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 5-7-1894 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hosuewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) 68 |
| 13a. FATHER'S NAME William Smart | | 13b. MOTHER'S MAIDEN NAME Mary Greenlee | 11. BIRTHPLACE (City and state or country) Wright County, Missouri |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. Unknown | 12. CITIZEN OF WHAT COUNTRY USA |
| 17. INFORMANT Mrs Glennis Moore | | Address Mtn Grove, Missouri | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident | | | INTERVAL BETWEEN ONSET AND DEATH 4 day |
| DUE TO (b) Arteriosclerotic Heart Disease | | | |
| DUE TO (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congestive Heart Failure | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 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 3 Aug 62 to 9 Aug 62 and last saw her alive on 9 Aug 62 Death occurred at 6:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Do not print) Jim R Waterfield MD | | 22b. ADDRESS 1211 S Glenora Springfield Mo | 22c. DATE SIGNED 13 Aug 62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 8-12-1962 | 23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery |
| 23d. LOCATION (City, town, or county) Mountain Grove, Missouri | | 23e. STATE Mo | |
| 24. FUNERAL DIRECTOR Ewell C. Craig | | ADDRESS Mtn Grove, Missouri | |
| 25. DATE RECD. BY LOCAL REG. 8-14-62 | | 26. REGISTRAR'S SIGNATURE Effie S. Melton | |

JIM R WATERFIELD USE BLACK INK OR TYPEWRITER RIBBON

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

Lowell C. Crang

Licensed Embalmer No. 4766

P. O. Address Mrs. Throve

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.

Permit
7-9-63