MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 62-030674

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1240

FILED AUG 27 1962

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY GREENE
c. CITY OR TOWN SPRINGFIELD
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 1530 N. Farmer
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First RICHARD Middle SCOTT Last SELLS
4. DATE OF DEATH Month August Day 13, Year 1962
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8/11/1962
9. AGE (last birthday) 0
IF UNDER 1 YEAR: Months 0 Days 2 IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY Infant
11. BIRTHPLACE (City and state or country) Springfield, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Richard Sells
13b. MOTHER'S MAIDEN NAME Betty Rippee
14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT Hospital Records Address k

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Respiratory Distress Syndrome.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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 8/11/62, to 8/13/62 and last saw him alive on 8/13/62
Death occurred at 11:30 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. Sahn MD (Degree or Title)
22b. ADDRESS Springfield, Mo.
22c. DATE SIGNED 8-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8/13/62
23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
23d. LOCATION (City, town, or county) Springfield, (State) Missouri

24. FUNERAL DIRECTOR KLINGNER MORTUARY, INC. ADDRESS SPRINGFIELD Mo.
jhc
25. DATE RECD. BY LOCAL REG. 8-23-62
26. REGISTRAR'S SIGNATURE Effie B. Metten

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0397		
2	0397		
3	2		
4	0		
5	0		
6			
7	0		
8	1		
9	7730		
10			
11			
12	4-0		
13			

BY AFFIDAVIT OF DOCUMENT

Robert Sahn M.D.

USE BLACK INK OR TYPEWRITER RIBBON

Permit 8-13-62

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 Glen D Williams

Licensed Embalmer No. 4651

P. O. Address Springfield 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.