

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037764

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1167 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 22 1962					
1. PLACE OF DEATH					
a. COUNTY Buchanan					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Length of stay in lb 30 years					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Josephs Hospital Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
a. STATE Missouri b. COUNTY Buchanan					
c. CITY OR TOWN St. Joseph Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. STREET ADDRESS (If outside, give location) R. R. #6 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED			4. DATE OF DEATH		
First Middle Last GERALD LEE SPRINGS			Month Day Year September 28, 1962		
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR
male	white		10/2/1913	48	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	
Body work		Carriage Company		Forbes, Mo.	
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME			
USA		13b. MOTHER'S MAIDEN NAME			
		Dellia Legg			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address	
yes		W. # 11		Geneva Springs, R. R. #6, St. Joseph, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cerebral Thrombosis & Left Hemiplegia					10 days
DUE TO (b) Cerebral Arteriosclerosis					
DUE TO (c) Arteriosclerosis general, Hypertension					
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 checked="" 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. 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		STATE
21. I attended the deceased from Sept 13, 1962 to Sept 28, 1962 and last saw him alive on Sept 28, 1962					
Death occurred at 7:40 p. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title)			22b. ADDRESS		22c. DATE SIGNED
S.E. Senior, M.D.			St. Joseph, Mo		Oct 15, 1962
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)
burial		10/2/1962	Mt. Auburn Cemetery		St. Joseph Mo.
24. FUNERAL DIRECTOR ADDRESS			25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE
Horton Bauman St. Joseph, Mo.			Oct. 19, 1962		Mr. Clark Goodell

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF **S.E. Senior, M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59
15117
25110
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9332X
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123-0
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OCT 23 1962
FEB 13 1963

Permit issued 10/23/62

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St Joseph, 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.