

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011222
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 403

VS 300
Rev. 4/59

10397
20460

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

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 Howell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield,		Length of stay in 1b 9 days	c. CITY OR TOWN Willow Springs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Willow Springs
3. NAME OF DECEASED (Type or print) First ELLIS Middle GLENWELL Last HALL		4. DATE OF DEATH Month March Day 13, Year 1963	
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 May 29, 1910
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY On Farm	9. AGE (last birthday) 52
11. BIRTHPLACE (City and state or country) Leeton, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Elmer Hall		13b. MOTHER'S MAIDEN NAME Mary Davis	14. NAME OF HUSBAND OR WIFE Doris Hall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [If yes, give war or dates of service] None		17. INFORMANT Doris Hall Address Willow Springs, 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) Uremia			INTERVAL BETWEEN ONSET AND DEATH 3 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial insufficiency			
DUE TO (c) Myocardial infarction			3 wks
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 4:45 P. Month, Day, Year Mar 3, 1963			
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 Willow Springs, Missouri
21. I attended the deceased from Mar 3, 1963 to Mar 3, 1963 and last saw ^{him} alive on Mar 13, 1963 Death occurred at 4:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wyales Tuttle M.D.		22b. ADDRESS Prof Bldg Springfield Mo	22c. DATE SIGNED 3-19-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 15, 1963	23c. NAME OF CEMETERY OR CREMATORY Howell	23d. LOCATION (City, town, or county) (State) Willow Springs, Missouri
24. FUNERAL DIRECTOR Burns Funeral Home ADDRESS Willow Springs, Missouri		25. DATE RECD. BY LOCAL REG. 3-26-63	26. REGISTRAR'S SIGNATURE Effie E. Meltzer

USE BLACK INK OR TYPEWRITER RIBBON

MAR 28 1963

Revised 3-13-63

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. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lewis S. Scherpf

Licensed Embalmer No. 3802

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.