

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015601

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

128
FILED APR 22 1963

2000

524B

VS 300
Rev. 4/59

1 0397

2 0397

3

4 0

5 0

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7 0

8 2

9 761.5

10

11

12 6-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)

SPRINGFIELD

Length of stay in 1b

30 MIN.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

HANDLEY MEMORIAL HOSP

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)

2058 N. COLUMBIA

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

JAMES

Middle

ARTHUR

Last

ALBERT

4. DATE OF DEATH

Month

Day

Year

APRIL 7, 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/7/63

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10b. KIND OF BUSINESS OR INDUSTRY

NONE

11. BIRTHPLACE (City and state or country)

SPRINGFIELD, MO.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

GEORGE RAY ALBERT

13b. MOTHER'S MAIDEN NAME

BETTY KAY SWAN

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

GEORGE RAY ALBERT; 2058 N. COLUMBIA

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Prolapsed Cord
Breech Birth
Prematurity

INTERVAL BETWEEN ONSET AND DEATH

1 hr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cervix tightly around neck

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

4-7-63

to 4-7-63

and last saw her alive on 4-7-63

Death occurred at 7:19 PM 4-7-63 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (In ink, print or title)

DR. DAVID R. THOMAS, MD

22b. ADDRESS

SPRINGFIELD, MISSOURI

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

4/9/63

23c. NAME OF CEMETERY OR CREMATORY

BROOKLINE CEMETERY

23d. LOCATION (City, town, or county) (State)

BROOKLINE, MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

AYRE-GOODWIN

SPRINGFIELD, MO.

25. DATE RECD. BY LOCAL REG.

4-17-63

26. REGISTRAR'S SIGNATURE

Effie S. Meelen

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

permet 4-8-63

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 *Robert H. Hasselbeck*
Licensed Embalmer No. 5156

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.