

Dr. Polk MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035760

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No.

FILED 1963 24 1963

Primary Registration District No. 2000

Registrar's No. 1282

DO NOT WRITE
ON THIS STUB

AMENDED

VS:300
Rev. 4/59

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 GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b 7 YRS.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2005 S. ROANOKE		Inside Limits Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First AGNES Middle GERTRUDE Last JAMES		4. DATE OF DEATH Month SEPT. Day 16 Year 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 9/29/93
9. AGE (last birthday) 70		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME AND RETIRED		10b. KIND OF BUSINESS OR INDUSTRY SCHOOL TEACHER	
11. BIRTHPLACE (City and state or country) MICHIGAN		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME EDWARD DANFORD		13b. MOTHER'S MAIDEN NAME LORETTA DARROW	
14. NAME OF HUSBAND OR WIFE GILFORD JAMES (DEC.)		Address	
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. 403-10-289	
17. INFORMANT W.K. MILLER, SPRINGFIELD, MO.		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) Metastatic carcinoma to both lungs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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			INTERVAL BETWEEN ONSET AND DEATH 18 mo.
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 SPRINGFIELD, MO.		COUNTY GREENE STATE MISSOURI	
21. I attended the deceased from 5-11-62 to 9-16-63 and last saw him alive on 9-16-63 Death occurred at 1 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) Dr. W. Polk		22b. ADDRESS 315 Prof. Bldg. Springfield, Mo.	
22c. DATE SIGNED 9-17-63		22d. LOCATION (City, town, or county) (State) POCAHONTAS, ARKANSAS	
23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9-16-63	
23c. NAME OF CEMETERY OR CREMATORY ST. PAUL'S CEM.		23d. LOCATION (City, town, or county) (State) POCAHONTAS, ARKANSAS	
24. FUNERAL DIRECTOR H.H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.		25. DATE RECD. BY LOCAL REG. 9-17-63	
26. REGISTRAR'S SIGNATURE Dan W. Polk		27. REGISTRAR'S SIGNATURE Dan W. Polk	

SEP 25 1963

9-17-63

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 Thurman T. Swadley

Licensed Embalmer No. 4815

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.