

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-039547**  
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 5466 Registrar's No. 1414

**FILED OCT 23 1963**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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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<br>a. COUNTY <u>Greene</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Greene</u>                                  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Springfield</u>   |   | Length of stay in 1b<br><u>years</u>   | c. CITY OR TOWN <u>Springfield</u>                                     |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Sunshine Acres</u>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><u>1421 N Cambell</u> |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><u>Olive Sibina Hall</u>  |   |  | 4. DATE OF DEATH<br>Month Day Year<br><u>Oct. 16 1963</u>              |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><u>2/18/1878</u>                                   |
| 9. AGE (last birthday)<br><u>85</u>   |   | IF UNDER 1 YEAR<br>Months Days   | IF UNDER 24 HR.<br>Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>None</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Mo.</u>               |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |   | 13. FATHER'S NAME<br><u>George W Hall</u>  |  |
| 14. MOTHER'S MAIDEN NAME<br><u>Sabina A Cossey</u>  |   | 15. NAME OF HUSBAND OR WIFE<br><u>None</u>   |  |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates)<br><u>no</u>   |   | 17. SOCIAL SECURITY NO.<br><u>None</u>   |  |
| 18. INFORMANT<br><u>Mrs Grace Salsman</u>   |   | Address <u>504 N Roberson</u>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebrovascular Disease</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input 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<br>Hour Month, Day, Year<br>a.m. p.m.   |   |  |  |
| 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   | COUNTY STATE   |
| 21. I attended the deceased from <u>1962</u> to <u>10/16/63</u> and last saw her/him alive on <u>10/16/63</u><br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.   |   |  |  |
| 22a. SIGNATURE (Degree or title)<br><u>Leman D. Brown M.D.</u>  |   | 22b. ADDRESS<br><u>311 1/2 College</u>   | 22c. DATE SIGNED<br><u>10/19/63</u>                                    |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>10/18/63</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Hazelwood</u>   | 23d. LOCATION (City, town, or county)<br><u>Springfield, Missouri</u>  |
| 24. FUNERAL DIRECTOR<br><u>Chapel of the Ozarks</u>   |   | ADDRESS<br><u>Springfield</u>  | 25. DATE RECD. BY LOCAL REG.<br><u>10-21-63</u>                        |
|   |   | 26. REGISTRAR'S SIGNATURE<br><u>Bernie Medley</u>  |  |

USE BLACK INK OR TYPEWRITER RIBBON

OCT 29 1963

10/17/63

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 Howard Chapin

Licensed Embalmer No. 5159

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.