

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-027882**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2,000 Registrar's No. 1180

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JUL 31 1963**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Greene</b>		a. STATE <b>MO.</b>	b. COUNTY <b>Greene</b>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b>		c. CITY OR TOWN <b>SPRINGFIELD</b>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Kimbrough Rest Home 519 Cherry</b>		d. STREET ADDRESS (If outside, give location) <b>311 E. Dale</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First Middle Last <b>LUCY ANTHONY</b>			Month Day Year <b>July 29, 1963</b>
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
<b>Female</b>	<b>White</b>		<b>1 Feb. 1875</b>
9. AGE (last birthday)		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
<b>88</b>		<b>Housewife</b>	
IF UNDER 1 YEAR		11. BIRTHPLACE (City and state or country)	
Months	Days	<b>Missouri</b>	
		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
<b>Houk</b>		<b>Alice McKinney</b>	
14. NAME OF HUSBAND OR WIFE <b>Deceased</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT Address <b>W.G. Chandler (Grandson) Springfield, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Dongrene Rt Leg</b>			<b>4 days</b>
DUE TO (b) <b>Arterial Thrombosis Rt Femoral Artery</b>			<b>4 days</b>
DUE TO (c) <b>Arteriosclerosis Generalized</b>			<b>5 yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>None.</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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"/>	20b. SUICIDE <input type="checkbox"/>	20c. 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. p.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		COUNTY	STATE
21. I attended the deceased from <b>6-4-52</b> to <b>7/29/63</b> and last saw her/him alive on <b>7-29-63</b>		Death occurred at <b>1:10 A/M</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>Paul C. Morton M.D.</b>		22b. ADDRESS <b>1630 N. Jefferson SPRINGFIELD MO.</b>	
22c. DATE SIGNED <b>7-29-63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>7-31-63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Bass Chapel Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Greene County, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>7-30-63</b>	
26. REGISTRAR'S SIGNATURE <b>Effie G. Mettler</b>		27. FUNERAL DIRECTOR ADDRESS <b>KLINGNER MORTUARY, INC. SPRINGFIELD MO.</b>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT

DATE AMENDED	AMENDED	INSTEAD OF	DOCUMENT
10397			
20397			
3			
4	1		
5	2		
6			
7	0		
8	2		
9	450.1		
10			
11			
12	86-0		
13			

BY AFFIDAVIT OF

**KLINGNER MORTUARY, INC.**

**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 Ogle Stone Jr  
\_\_\_\_\_

Licensed Embalmer No. 4176

P. O. Address Springfield

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.