

FILED MAR 25 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7747

BIRTH NO. 124		REG. DIST. NO. 68		PRIMARY REG. DIST. NO. 5267		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY Christian				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Green			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, South Galloway		c. LENGTH OF STAY (in this place) 1 hour		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural, Highway 65				d. STREET ADDRESS (If rural, give location) Springfield 1			
3. NAME OF DECEASED a. (First) Ina			b. (Middle) Bell		c. (Last) Saums		4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1952
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 25, 1932	
9. AGE (in years last birthday) 20		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Landon Kirby		13b. MOTHER'S MAIDEN NAME Mabel Deboard		14. NAME OF HUSBAND OR WIFE Richard Saums	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Landon Kirby Bruner, MO. ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken Neck & Loss of Blood (Shock) Possible Skull Fracture ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Automobile Accident DUE TO (c) Severe Lacerations about the Right Side II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. and Back of Head INTERVAL BETWEEN ONSET AND DEATH 7 1/2 minutes or seconds					
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 65		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) South Galloway Christian Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 10, 1952 1:00 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car failed to negotiate Curve in Road			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ to _____ A.M., from the causes and on the date stated above.							
23a. SIGNATURE John Alan Harris, 3rd (Degree or title) Coroner Christian Co.				23b. ADDRESS Oliver, Missouri		23c. DATE SIGNED Feb. 12, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 12, 1952		24c. NAME OF CEMETERY OR CREMATORY Bruner Cemetery		24d. LOCATION (City, town, or county) (State) Christian Mo.	
DATE REC'D BY LOCAL REG. Feb 15, 1952		REGISTRAR'S SIGNATURE Loretta Leonard		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Chaffin		ADDRESS Ozark, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed T. B. Chaffin

Signed.....  
Student Embalmer

Licensed Embalmer No. 2192

P. O. Address Ozark, 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 this body is not embalmed, fact should be so stated above.