

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24205**
Registrar's No. **736**

AUG 11 1952

BIRTH NO. **49919** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

0396
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	c. LENGTH OF STAY (In this place) 1 day	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin 1495	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. John's Hospital		d. STREET ADDRESS (If rural, give location) 2634 Byers 1	

3. NAME OF DECEASED (Type or Print)	a. (First) BRUCE	b. (Middle) DUAINE	c. (Last) TEVEBAUGH	4. DATE OF DEATH (Month) (Day) (Year) August 3, 1952
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5. SEX Male	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 2 August 1952	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR 0 Months 0 Days	IF UNDER 18 HRS. 1 Hours 9 Mins.
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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 (State or foreign country) Springfield, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Otto Tevebaugh	13b. MOTHER'S MAIDEN NAME Wanda Lee Farless	14. NAME OF HUSBAND OR WIFE none
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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'S SIGNATURE OR NAME AND ADDRESS Otto Tevebaugh, 2634 Byers, Joplin, Missouri
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anencephaly		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 750X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8-2-52** to **8-3-52**, 1952, that I last saw the deceased alive on **8-3-52**, 1952, and that death occurred at **5:55 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE J. H. Wells	(Degree or title) MD	23b. ADDRESS Springfield Mo	23c. DATE SIGNED 8-3-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4 Aug. 1952	24c. NAME OF CEMETERY OR CREMATORY Lilly Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Ozark County, Missouri.
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DATE REC'D BY LOCAL REG. 8-4-52	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Fred C. Thieme, Springfield, Mo
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(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.....

Was not embalmed

Student Embalmer No.

working under my personal supervision.

Signed *Ralph H. Lucine*

Signed

Student Embalmer

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri

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.