

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. Paul Busick  
State File No. 26886

FILED AUG 23 1954

BIRTH NO. 69718-53 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 778

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

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		c. LENGTH OF STAY (in this place) <b>LIFE</b>	c. CITY OR TOWN <b>SPRINGFIELD</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>D.O.A. BURGE HOSPITAL</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>813 E. PACIFIC</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>TERRY</b> b. (Middle) <b>LYNN</b> c. (Last) <b>WHITE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>AUGUST 13, 1954</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>INFANT</b>	
8. DATE OF BIRTH <b>OCT. 23, 1953</b>		9. AGE (In years last birthday) <b>9</b>		IF UNDER 1 YEAR Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>SPRINGFIELD, MISSOURI</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>*****</b>		13b. MOTHER'S MAIDEN NAME <b>DOLORES LEE WHITE</b>		14. NAME OF HUSBAND OR WIFE <b>*****</b>	
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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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>DOLORES LEE WHITE, 813 E. PACIFIC</b>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Shock from burns (electrocution)</b>  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.  <b>E9140</b> <b>22</b>				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Springfield, Greene, Missouri</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>August 13, 1954 A m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Rolled on floor lamp that was shorted.</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, and that death occurred at \_\_\_\_\_ between 2 and 4 a.m. from the causes and on the date stated above.

23a. SIGNATURE <b>Sheriff Glenn Hensley</b> Acting Coroner		23b. ADDRESS <b>Greene County Court House Springfield, Missouri</b>		23c. DATE SIGNED <b>8/17/54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>8/18/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>EASTLAWN</b>		24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MO.</b>	
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DATE REC'D BY LOCAL REG. <b>8-17-54</b>		REGISTRAR'S SIGNATURE <b>Ernie Williams</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>HERMAN H. LOHMEYER, SPRINGFIELD</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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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..... *Lucien J. Savard*

Licensed Embalmer No..... *4573*

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.