

FILED FEB 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

915

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Lamar Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Hospital Length of stay in 1b 11 Days		d. STREET ADDRESS 504 E. 10th (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOHNNY Middle LAWRENCE Last BIRI			4. DATE OF DEATH Month February Day 6 Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6 May 1923
9. AGE (In years last birthday) 33		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator		10b. KIND OF BUSINESS OR INDUSTRY Lawn Boy Plant	11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Harvey Biri	
14. MOTHER'S MAIDEN NAME Sarah Elizabeth Reader		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII	
16. SOCIAL SECURITY NO. 498-24-4600		17. INFORMANT Address Ynetia Biri (Wife) Lamar, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive hemorrhage, stomach Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pseudomembranous gastritis DUE TO (c) (?) Hypothalamic contusion.			INTERVAL BETWEEN ONSET AND DEATH 48 hrs 48 hrs 11 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Fracture left humerus Fracture left pubis			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Auto was struck by train	
20c. TIME OF INJURY Hour 5 a. m. 1 p. m. Month, Day, Year 1 27 57		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street	
20e. CITY, TOWN, OR LOCATION Lamar		20f. COUNTY Barton	
20g. STATE Mo		20h. ADDRESS Springfield, Missouri	
21. I attended the deceased from 1-27-57 to 2-6-57 and last saw him alive on 2-6-57 Death occurred at 8:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE William W. Wood (Degree or title)		22b. ADDRESS Springfield, Missouri	
22c. DATE SIGNED 2/7/57		22d. SIGNATURE Edith Williamson	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial	23b. DATE 2-6-57	23c. NAME OF CEMETERY OR CREMATORY Lake Cemetery	23d. LOCATION (City, town, or county) (State) Lamar, Missouri
24. FUNERAL DIRECTOR Chiles Funeral Home ADDRESS Lamar, Mo.		25. DATE RECD. BY LOCAL REG. 2-7-57	26. REGISTRAR'S SIGNATURE Edith Williamson

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Max Rhodes*
.....

Licensed Embalmer No.

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.