

FILED JUN 10 1957

STANDARD CERTIFICATE OF DEATH

16778 STATE FILE NUMBER

29704-57 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 504-E

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield OR TOWN Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Highlandville Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) OSTEOPATHIC HOSPITAL HOSPITAL OR INSTITUTION Length of stay in 1b 1 3/4 hr.		d. STREET ADDRESS (If outside, give location) Star Route Reside on Farm <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First David Middle Dwayne Last Tennis			4. DATE OF DEATH Month May Day 25 Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 25, 1957
9. AGE (In years last birthday) 2		IF UNDER 1 YEAR Month — Day — Hours 2 Min. 45	IF UNDER 24 HRS. Min. 45
10a. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Springfield, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Verlin Wayne Tennis	
14. MOTHER'S MAIDEN NAME Janice Claudette Robertson		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. no		17. INFORMANT Verlin Wayne Tennis, Highlandville, Mo. Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Failure. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Premature (20 weeks -Incomptable with life) DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? no
20a. ACCIDENT <input 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.)
20c. TIME OF INJURY. Hour — Month — Day — Year — a. m. — p. m. —			
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 Highlandville, Missouri	
21. I attended the deceased from 5/25/57 to 5/25/57 and last saw her alive on 5/25/57 . Death occurred at 11:15 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Harold Stroffer (Degree or title)		22b. ADDRESS Nixa, Missouri	22c. DATE SIGNED 5/26/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/26/57	23c. NAME OF CEMETERY OR CREMATORY Highlandville Cemetery	23d. LOCATION (City, town, or county) (State) Highlandville, Missouri
24. FUNERAL DIRECTOR Bea Harris ADDRESS Clever, Mo.		25. DATE RECD. BY LOCAL REG. 6-3-57	26. REGISTRAR'S SIGNATURE Edith Williams

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

not Embalmed
[Signature]

Signed.....

[Signature]

Licensed Embalmer No. 4390

P. O. Address.....
[Signature]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.. (F 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.