

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001040

STATE FILE NUMBER

FILED JAN 19 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Green		2. USUAL RESIDENCE (Where deceased lived. If institution: Residency before admission) a. STATE Mo b. COUNTY Green	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Mo Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Galloway 0390 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Johns Hospital Length of stay in 1b On Arrival		d. STREET Rt. 3 (If outside, give location) ADDRESS Springfield, Mo Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last a James Everett Treadway			4. DATE OF DEATH Month Day Year Jan 11-59
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 Dec 6, 1944 c. I 4
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		100. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		11. BIRTHPLACE (City and state or country) Galloway, Mo	12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Everett P Treadway		14. MOTHER'S MAIDEN NAME Jewell Maples	
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 Address Rt, 3 Everett P Treadway, Springfield, 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) Poison by FATAL INTOXICATION BY BARBITAL (MEMORIAL) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ 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? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) HE TOOK UNDETERMINED AMOUNT (PROBABLY 30) SLEEPING TABLETS. HE LEFT A LONG NOTE INDICATING TAKING THEM AND HIS DESIRE TO DIE.	
20c. TIME OF INJURY approx 2 p. m. Jan 11, 1959		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Springfield, Greene, Missouri	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 4 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ralph H. Plume Coroner		22b. ADDRESS Springfield, Missouri	
22c. DATE SIGNED 15 Jan 1959			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE I-14-59	
23c. NAME OF CEMETERY OR CREMATORY Galloway Cemetery		23d. LOCATION (City, town, or county) Green Co, Mo	
24. FUNERAL DIRECTOR T. B. Chaffin Ozark Mo, ADDRESS		25. DATE RECD. BY LOCAL REG. 1-16-59	
		26. REGISTRAR'S SIGNATURE Effie E. Melton	

(Licensed Embalmer's Statement on Reverse Side)

Use only black ink or ribbon typewrite if possible. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION

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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 e  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *T. B. Chaffin* .....

Licensed Embalmer No. *21*

P. O. Address.. *Ozark*

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