

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044223

MENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 138 Primary Registration District No. 2000 Registrar's No. 1335

FILED JAN 18 1962

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 2 years	c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge-Protestant Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 432 W. Norton		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First THOMAS Middle IRWIN Last DAVIES			4. DATE OF DEATH Month Dec. Day 30, Year 1961			
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 4/30/1940	9. AGE (last birthday) 21	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY C.B.I. College	11. BIRTHPLACE (City and state or country) Canada		12. CITIZEN OF WHAT COUNTRY Canada	
13a. FATHER'S NAME Harold Davies		13b. MOTHER'S MAIDEN NAME Janette Anderson		14. NAME OF HUSBAND OR WIFE Delores		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None			17. INFORMANT Springfield, Missouri. Delores Davies, 432 W. Norton,			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushing head injuries					INTERVAL BETWEEN ONSET AND DEATH 20 minutes	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) _____		DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) He was parking a house trailer and the trailer fell from a jack causing his head				
20c. TIME OF DEATH Hour 12:50 P.M. Month, Day, Year 12/30/61	to be mashed between a lower beam and a concrete block. He was under the side of trailer.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) trailer park	20f. CITY, TOWN, OR LOCATION Springfield, Greene, Missouri		COUNTY _____ STATE _____		
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at 1:08 P. m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>Ralph H. Thieme</i> (Degree or title) Greene County Coroner			22b. ADDRESS Springfield, Missouri		22c. DATE SIGNED 1/4/1962	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/2/1962	23c. NAME OF CEMETERY OR CREMATORY Vancouver, Canada		23d. LOCATION (City, town, or county) (State) Vancouver BC, Canada		
24. FUNERAL DIRECTOR Ralph Thieme, 1200 Boonville Ave.		25. DATE RECD. BY LOCAL REG. 1-5-62	26. REGISTRAR'S SIGNATURE <i>Effie S. Weston</i>			

MAY 15 1962

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

Harold F. Tuttle

Licensed Embalmer No. 5079

P. O. Address Spfld, Ill

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.