

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-039705

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 371

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 18 1962

1. PLACE OF DEATH
 a. COUNTY **Pettis**
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **Sedalia** Length of stay in 1b **4** years
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **14th & Carr** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Pettis**
 c. CITY OR TOWN **Sedalia** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **2406 West 2nd St.** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
LYNN RENNE SOUTHWICK
 4. DATE OF DEATH Month Day Year **10 15 62**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **9-24-1957** 9. AGE (last birthday) **5** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL 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) **Excelsior Springs, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **William Thomas Southwick** 13b. MOTHER'S MAIDEN NAME **Barbara Jean Piburn** 14. NAME OF HUSBAND OR WIFE **none**

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 **William Southwick** Address **2406 West 2nd St.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Cerebral Anoxia**
Multiple Skull Fractures
Fracture of 2, 3 & 4 Cervical Vertebrae
Fracture of rt. Humerus
Fractures of rt. femur
Compound Fracture, lower 1/3 of rt. tibia + fibula.
Multiple lacerations (2) rt. side of neck.
 DUE TO (b) **bleed evacuation lower 1/3 of rt. leg**
 DUE TO (c) **bleed evacuation lower 1/3 of rt. leg**
 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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **Injuries incurred in auto accident.**

20c. TIME OF INJURY Hour a.m. Month, Day, Year **12:22 10-15-62**

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) **14th St. + Carr Ave.** 20f. CITY, TOWN, OR LOCATION **Sedalia** COUNTY **Pettis** STATE **Mo.**

21. I attended the deceased **viewed the body of the deceased, as Deputy Coroner, Pettis County, at 12:30 AM on 10-15-62**
 Death occurred at **12:22 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **J.M. Rodman, M.D. Deputy Coroner, Pettis County** 22b. ADDRESS **London Bldg. Sedalia, Mo.** 22c. DATE SIGNED **10-15-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal + Burial** 23b. DATE **10-16-1962** 23c. NAME OF CEMETERY OR CREMATORY **Masonic Cemetery** 23d. LOCATION (City, town, or county) (State) **Excelsior Springs, Missouri**

24. FUNERAL DIRECTOR **D.W. Heckart, Gillespie Funeral Home** ADDRESS **Sedalia, Mo.** 25. DATE RECD. BY LOCAL REG. **Oct 16, 1962** 26. REGISTRAR'S SIGNATURE **Francis Shelley per N. Anderson**

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
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11 132						
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USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ					

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 John R. Farmer

Licensed Embalmer No. 5173

P. O. Address Subalia Mo

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.