

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15542

State File No. _____

10.48
39
2

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 435

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STONE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CRANE</u>	
c. LENGTH OF STAY (in this place) <u>14 days</u>		d. STREET ADDRESS (If rural, give location) <u>104</u> <u>1</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>O'Reilly VA HOSPITAL SPRINGFIELD, MISSOURI</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BOHN</u>		b. (Middle) _____ c. (Last) <u>HUFFHINES</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 14 1949</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>SEPT. 3, 1904</u>
9. AGE (In years last birthday) <u>44</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>11</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COOK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>COOK</u>	11. BIRTHPLACE (State or foreign country) <u>CRANE, MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>S.P. HUFFHINES</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES 10-8-42 to 3-16-43</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>O'REILLY VA HOSPITAL</u>		ADDRESS <u>RECORDS SPRINGFIELD, MISSOURI</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1. Compression fracture, left chest wall with hemothorax and atelectasis, left lung.</u> 2. Simple fracture of cranium. 3. Subarachnoid hemorrhage, post-traumatic, brain. 4. Extensive contusion of intestines with necrosis. 5. Fracture of left zygoma. 6. Fracture of left mandible. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <u>SHOULDER HORNHOLE ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>STREET</u>	
21c. CITY, TOWN, OR TOWNSHIP <u>CRANE</u>		COUNTY <u>STONE</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>APRIL 30, 1949 7:25 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>1 car accident—car in which he was riding swerved & crashed into ditch to avoid hitting stalled car on road</u>			
22. I hereby certify that I attended the deceased from <u>April 30, 1949</u> , to <u>MAY 14, 1949</u> , that I last saw the deceased alive on <u>MAY 14, 1949</u> , and that death occurred at <u>4:00 a.m.</u> , from the causes and on the date stated above. <u>NU</u>			
23a. SIGNATURE <u>P. L. ETSELE, M.D.</u>		23b. ADDRESS <u>O'REILLY VA HOSPITAL SPRINGFIELD, MISSOURI</u>	
23c. DATE SIGNED <u>May 14, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>MAY 14, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Crane</u>		24d. LOCATION (City, town, or county) (State) <u>CRANE MISSOURI</u>	
DATE REC'D BY LOCAL RES. <u>5-17-49</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley MD</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Dorman Delaney Stone</u>		ADDRESS <u>Springfield, MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Student Embalmer

Signed _____

Levin G. Schaff

Licensed Embalmer No. _____

3862

P. O. Address _____

Springfield, M.

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 this body is not embalmed, fact should be so stated above.