

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17663**
Registrar's No. **497**

FILED JUN 1 - 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

396
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place) 4 Days	c. CITY OR TOWN Stotts City
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		e. STREET ADDRESS (If rural, give location) Post Office Box #16 0550	

3. NAME OF DECEASED (Type or Print)	a. (First) BOBBY	b. (Middle) LEE FRANKLIN	c. (Last) DAY	4. DATE OF DEATH (Month) (Day) (Year) May 24 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 4 Nov. 1930	9. AGE (In years last birthday) 22	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Armed Service	10b. KIND OF BUSINESS OR INDUSTRY U.S. Air Force	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frank Day	13b. MOTHER'S MAIDEN NAME Myrtle L. Butcher	14. NAME OF HUSBAND OR WIFE Never Married
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1 April 1951-	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Frank Day (Father)	ADDRESS Stotts City, Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hypoxia		6 days
	ANTECEDENT CAUSES DUE TO (b) Traumatic hernia of lt. diaphragm		6 days
DUE TO (c) auto accident		6 "	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Traumatic pancreatitis		6 "	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E8161 055 : 26	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rural, Lawrence County, Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 24, 1953 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Tractor Traylor & car auto accident
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22. I hereby certify that I attended the deceased from May 20, 1953, to May 24, 1953, that I last saw the deceased alive on May 25, 1953, and that death occurred at 5:12A m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D.	23b. ADDRESS 706 Prof. Bldg. Sig. Bldg.	23c. DATE SIGNED 5/25/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 27 May 1953	24c. NAME OF CEMETERY OR CREMATORY Union Cemetery	24d. LOCATION (City, town, or county) (State) 2 Miles South Stotts City MO
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DATE REC'D BY LOCAL REG. 5-27-53	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE H. B. FOSSETT	ADDRESS MT. VERNON, MISSOURI
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Aug 18 1953

JUN 8 1953

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.....
Ogle Stone Jr.

Licensed Embalmer No. *H. 176*

P. O. Address *Springfield*

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.