

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 508

FILED JUN 1 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. \_\_\_\_\_

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>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>D. O. A.</u>	d. Is Residence within limits of a city incorporated in Iowa? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1340 North Prospect</u> <u>0896</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LESTER</u> b. (Middle) <u>E.</u> c. (Last) <u>STREIGHT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 25 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 24, 1920</u>
9. AGE (In years last birthday) <u>33</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Asst. Pressman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Paper Cup MFG Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Des Moines, Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Ora Streight</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Powers</u>		14. NAME OF HUSBAND OR WIFE <u>Helen Rhine Streight</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW II</u>		16. SOCIAL SECURITY NO. <u>488-12-9897</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leo Streight, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Skull</u>		DUPLICATE	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		E 8161 26	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>City Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield, Greene MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-25-'54 9.10.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car Truck Crash</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased _____, 19____, and that death occurred at _____: _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. E. Allen Fickens, Coroner</u>		23b. ADDRESS <u>Springfield, Missouri</u>	23c. DATE SIGNED <u>5/28/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 28, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>
DATE REC'D BY LOCAL REG <u>5-29-54</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Schmeyer, Springfield, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 10 1954

JUL 2 1954

AUG 7 1954

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 *Gene C. Hunter* .....

Licensed Embalmer No. *4739*

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.