

FILED OCT 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33564

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 960

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, write RURAL and give township) OR TOWN Springfield

c. LENGTH OF STAY (in this place) ?

c. CITY OR TOWN Springfield

d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION DOA Springfield Baptist

St. STREET ADDRESS (If rural, give location) 2201 North Ramsey 0396

3. NAME OF DECEASED (Type or Print)
a. (First) REBECCA b. (Middle) CHARLENE c. (Last) BLAND

4. DATE OF DEATH (Month) (Day) (Year)
Oct. 16, 1954

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH Feb. 24, 1922

9. AGE (In years last birthday) 32
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) Waitress

10b. KIND OF BUSINESS OR INDUSTRY Restaurant

11. BIRTHPLACE (City and State or Foreign Country) Springfield, Missouri

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME O. J. Friend

13b. MOTHER'S MAIDEN NAME LaBelle Saltsgaver

14. NAME OF HUSBAND OR WIFE Barney Bland (Divorced)

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. Unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. LaBelle Friend Springfield, Mo.

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable skull fracture
Concussion
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) UNATTENDED BY A PHYSICIAN
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
Sudden

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION E8164
20

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office bldg., etc.) Street

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Springfield 133 Greene, Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
Oct. 16, 54 1:45 a

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? No car collision - Struck from behind by another car. Automobile accident

22. I hereby certify that the above information is true and correct and that death occurred at 1:45 a m., from the causes and on the date stated above.

22a. SIGNATURE (Name or title) Allen Pickens CORONER

22b. ADDRESS Springfield, Missouri

22c. DATE SIGNED 10/20/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10/18/1954

24c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery

24d. LOCATION (City, town, or county) (State) Springfield, Missouri

DATE REC'D BY LOCAL REG. 10-20-54

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Springfield, Mo

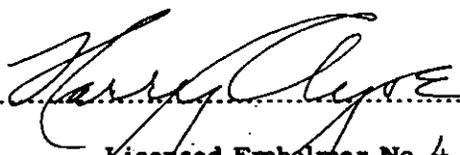
(Licensed Embalmer's Statement on Reverse Side)

23 West Walnut
WRITE PLAINLY—USING UNFADING INK—MISSOURI 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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 459

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.