

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21638

State File No.

0290
3

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5338 Registrar's No. 55-66

1. PLACE OF DEATH a. COUNTY DADE		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 OR TOWN RURAL POLK TWP)		c. CITY OR TOWN SPRINGFIELD	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		STREET ADDRESS (If rural, give location) 1123 N. FREMONT	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 6MI E. GREENFIELD H.#160			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) _____ c. (Last) LOVE		4. DATE OF DEATH (Month) (Day) (Year) AUG. 8 1955	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 27, 1929
9. AGE (In years last birthday) 26		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) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY TRUCKING	11. BIRTHPLACE (City and State or Foreign Country) IOWA
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME MELTON LOVE		13b. MOTHER'S MAIDEN NAME VERLE JENSEN	14. NAME OF HUSBAND OR WIFE MARY FRANCES LOVE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 480-24-8533	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARY FRANCES LOVE SPFLD. 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) Crushed & Burned. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, post, office bldg., etc.) Highway 160	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Greenfield Dade MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 8, 1955 12:30	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Truck Wreck.	
22. I hereby certify that I attended the deceased from after death , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W.R. Allison Coroner		23b. ADDRESS Greenfield Mo	23c. DATE SIGNED 8-8-55
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE AUG. 10, 55	24c. NAME OF CEMETERY OR CREMATOR NATIONAL CEMETERY	24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI
DATE REC'D BY LOCAL REG. 8-11-55	REGISTRAR'S SIGNATURE J. C. Canada 478	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W. KLINGNER & CO. SPFLD. MO.	

THE PLAINTEXT USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1958
FEB 2 8 37 AM

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. 487
P. O. Address.....

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.