

FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32826

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 899-A

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dallas	
b. CITY (If outside corporate limits, write RURAL and give town OR Greene Springfield township)		c. CITY OR TOWN Buffalo	d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) approx 11 hrs		e. STREET ADDRESS (If rural, give location) (no Street no)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) JIMMY b. (Middle) _____ c. (Last) INDERMUEHLE		4. DATE OF DEATH (Month) (Day) (Year) October 14, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH October 27, 1938
9. AGE (In years last birthday) 16		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (Attended) School	10. b. KIND OF BUSINESS OR INDUSTRY School
11. BIRTHPLACE (City and State or Foreign Country) Lebanon, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Murrel Indermuehle		13b. MOTHER'S MAIDEN NAME Bonnie M^{rs} Vey	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Murrel Indermuehle ADDRESS Buffalo, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES DUE TO (b) Cerebral contusion <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Auto Accident on Hwy #65, enc	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Mike N. of Buffalo, Mo.		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, street, office bldg., etc.) Hwy #65	21c. (CITY, TOWN, OR TOWNSHIP) 1 mi north of Buffalo, Dallas (STATE) Missouri	21f. HOW DID INJURY OCCUR? Two car. One car sidwiped the other.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) October 13, 1955 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
22. I hereby certify that I attended the deceased from 10-13-55 , to 10-13, 1955 , that I last saw the deceased alive on 10-14-55 , and that death occurred at 11:15A. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John P. K. Haug M.D.		23b. ADDRESS 609 Cherry, Springfield	23c. DATE SIGNED 11-2-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-16-1955	24c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery	24d. LOCATION (City, town, or county) (State) Buffalo, Missouri
DATE REC'D BY LOCAL REG. 11-3-55	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE L. B. Jones ADDRESS Buffalo, Mo.	

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

NOV 7 1951

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 *William J. Cantrell*

Licensed Embalmer No. *480*

P. O. Address *Duffield*

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.