

Dr. Thomasson

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20234

STATE FILE NUMBER

FILED JUL 9 1956

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 613

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield 0396		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2237 N. Nettleton		Length of stay in lb 1 Yr.	d. STREET ADDRESS 2237 N. Nettleton (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) LARRY LUTHER SHREVES First Middle Last			4. DATE OF DEATH JULY 3 1956 Month Day Year		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 6 1944	9. AGE (In years last birthday) 12	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Mammoth Springs, Ark.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Luther D. Shreves			14. MOTHER'S MAIDEN NAME Carolyn Reed		
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. no	17. INFORMANT Address Luther D. Shreves Springfield, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Convulsive discharges and increased intra cranial pressure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic meningitis of brain DUE TO (c) Brain tumor involving cranial nerve II and V					INTERVAL BETWEEN ONSET AND DEATH 8 months probably 2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Brain tumor involving cranial nerve II and V 224X					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from 12-5-55 to 7-3-56 and last saw her alive on 7-10-56 Death occurred at 6 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) David D. Thomasson M.D.			22b. ADDRESS Springfield Mo 1630 Jefferson		22c. DATE SIGNED 7-5-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7/4/56	23c. NAME OF CEMETERY OR CREMATORY Thayer Cemetery	23d. LOCATION (City, town, or county) Thayer, Missouri	(State)	
24. FUNERAL DIRECTOR ADDRESS Carter Funeral Home, Thayer, Mo.		25. DATE RECD. BY LOCAL REG. 7-5-56	26. REGISTRAR'S SIGNATURE Edith Williamson		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Levin J. Quinn

Licensed Embalmer No.....

P. O. Address.....
Long

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.