

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37346**

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5267 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Green	
b. CITY (If outside corporate limits, write RURAL and give town) Springfield	c. LENGTH OF STAY (in this place) 03961	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"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Hywy. 65 at Spokane, Mo.		STREET ADDRESS (If rural, give location) 2114 N. Kansas	
3. NAME OF DECEASED (Type or Print) a. (First) Everett	b. (Middle) Leroy	c. (Last) Bone	4. DATE OF DEATH (Month) (Day) (Year) Nov. 19, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 28 Nov. 1906
9. AGE (In years last birthday) 49		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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 Line	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles M. Bone	13b. MOTHER'S MAIDEN NAME Ida Glore	14. NAME OF HUSBAND OR WIFE Bessie Bone	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bessie Bone 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Chest ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Automobile Accident DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severed Left Arm - numerous other Broken Bones		INTERVAL BETWEEN ONSET AND DEATH Instant
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) The # 65	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Spokane of Christian Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-19-1956 11:05A.m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Truck Jack Knives threw driver out + overrunning	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:05A. m. , from the causes and on the date stated above.			
23a. SIGNATURE Walter Harris	(Degree or title) Coroner Christian Co.	23b. ADDRESS Clever, Mo.	23c. DATE SIGNED 11-19-1956
24. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-21-56	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Missouri
DATE REC'D BY LOCAL REG. Dec 5, 1956	REGISTRAR'S SIGNATURE Luetta Leonard	25. FUNERAL DIRECTOR'S SIGNATURE Just Klingner & Co.	ADDRESS Spfld. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

300
48
X

3

10

1957 JUN 29 1957

1957 JUN 29 1957

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 *Max H. ...* Licensed Embalmer No. *40*

P. O. Address *Spring*

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.