

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44667

STATE FILE NUMBER

FILED JAN 21 1957

96215-56

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1158-A

Health, Welfare, Public Service, 0893, 300, 4-56, All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms will be listed. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR (Deceased found in INSTITUTION) Whiting Park Lake			Length of stay in lb 1 Day		d. STREET ADDRESS 628 N. Main
3. NAME OF DECEASED (Type or print) First WAYNE Middle HAROLD Last CUTLER			4. DATE OF DEATH Month Nov. Day 12 Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH December 20, 1956		9. AGE (In years last birthday) 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (City and state or country) Springfield, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Harold Cutler			14. MOTHER'S MAIDEN NAME Jessie Marie Baskette		
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. None		17. INFORMANT Address Mrs Jessie M. Cutler, 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) SUFFOCATION					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) COVERING OVER ITS MOUTH OR NOSE OR BOTH EITHER WILLFULLY OR BY ACCIDENT					1
DUE TO (c) (CORONER'S JURY VERDICT) MED 15/JAN/1957					—
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 92.59 48					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) COVER OVER MOUTH OR NOSE OR BOTH			
20c. TIME OF INJURY Hour APPROX. Month 12 Day 21 Year 1956		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) CORONER'S JURY VERDICT			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE SPRINGFIELD GREENE, MISSOURI			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Joseph H. ...			22b. ADDRESS SPRINGFIELD, MISSOURI		22c. DATE SIGNED 16 Jan 57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan 17, 1957	23c. NAME OF CEMETERY OR CREMATORY Hazelwood		23d. LOCATION (City, town, or county) (State) Springfield, Mo.
24. FUNERAL DIRECTOR ADDRESS Jewell E. Winkle Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 1-17-57		26. REGISTRAR'S SIGNATURE Edith Williamson	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by Cavity packed, Student Embalmer No. 79
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert E. Muhleman

Licensed Embalmer No. 491

P. O. Address Springfield

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.