Health, & Welfare Public Service

3

S. 300
1-56

Securing the medical certification in the specific manner required by ... Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAY 6 - 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12812
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 400

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) D.O.A. Burge Hosp. — Length of stay in 1b Trans.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Arkansas b. COUNTY Conway
c. CITY OR TOWN Morrillton 8030 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 403 Church St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First RICHARD Middle HARRY Last MARQUARDT

4. DATE OF DEATH Month April Day 26 Year 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Nov. 15 1931
9. AGE (In years last birthday) 25 — 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) Inspector
10b. KIND OF BUSINESS OR INDUSTRY Oberman Mfg. Co.
11. BIRTHPLACE (City and state or country) Green Bay, Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Alfred Marquardt
14. MOTHER'S MAIDEN NAME Frances Steiner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) Korean
16. SOCIAL SECURITY NO. 398-26-5779
17. INFORMANT Alfred Marquardt — Address Green Bay, Wis.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) APPARANT CRUSHED CHEST — INTERVAL BETWEEN ONSET AND DEATH INSTANT
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) — DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) TWO VEHICLE CRASH ON N.U.S. HIWAY 65 ½ MILE NORTH OF SPRINGFIELD MISSOURI CITY LIMITS. ONLY RIDER IN HIS AUTOMOBILE
20c. TIME OF INJURY Hour ~~p.m.~~ Month, Day, Year ABOUT 8 APR. 26, 1957
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) ON HIGHWAY
20f. CITY, TOWN, OR LOCATION (N. Campbell, Township,) COUNTY Greene STATE Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at ABOUT 8:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ralph H. Thieme (Degree or title) Green County Coroner 3
22b. ADDRESS Springfield, Missouri
22c. DATE SIGNED 27/Apr/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 4/28/57
23c. NAME OF CEMETERY OR CREMATORY Allouez
23d. LOCATION (City, town, or county) (State) Green Bay, Wisconsin

24. FUNERAL DIRECTOR H.H. Lohmeyer — ADDRESS Springfield, Mo.
25. DATE RECD. BY LOCAL REG. 4-29-57
26. REGISTRAR'S SIGNATURE Edith Williamson

(Licensed Embalmer's Statement on Reverse Side)

MAY 7 1957

MAY 8 1957

JUN 13 1957

MAY 20 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student..... Signed H L McCann

Signature of Student Embalmer

Licensed Embalmer No. 272

P. O. Address Spurry

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