FILED JUN 24 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20717

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 542-A

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) Burge Hospital — Length of stay in 1b 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Walnut Grove 39 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 2 mi South — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First FLOYD Middle Last EMERY

4. DATE OF DEATH Month June Day 11 Year 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
8. DATE OF BIRTH Dec 14 1913
9. AGE (In years last birthday) 43 — 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) Railway Employee
10b. KIND OF BUSINESS OR INDUSTRY Sable R.R.
11. BIRTHPLACE (City and state or country) Kansas City - Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Elmer Emery
14. MOTHER'S MAIDEN NAME Minnie Duley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.I
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Mrs. Minnie Emery — Address Walnut Grove - Mo.

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) TRAUMATIC Shock

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Multiple Rib Fractures, lacerated liver internal injuries
DUE TO (c) two car collision 8164 26

INTERVAL BETWEEN ONSET AND DEATH 22 hrs

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 ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2 car collision

20c. TIME OF INJURY Hour p.m. Month, Day, Year 8:30 June 10, '57

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.) Street
20f. CITY, TOWN, OR LOCATION Springfield, COUNTY Greene Co, STATE Mo.

21. I attended the deceased from ~~8:18~~ 6-10, to 6-11 and last saw her/him alive on 6-11-57
Death occurred at 8:18 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) F. Thomas Moseley MD
22b. ADDRESS 1636 S. Glenstone Springfield
22c. DATE SIGNED 6/12/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 14-1957
23c. NAME OF CEMETERY OR CREMATORY White Chapel Cemetery
23d. LOCATION (City, town, or county) Springfield Mo (State)

24. FUNERAL DIRECTOR Rayk L. Sawel — ADDRESS Walnut Grove - Mo.
25. DATE RECD. BY LOCAL REG. 6-19-57
26. REGISTRAR'S SIGNATURE Edith Williamson

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

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

40210

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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 ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Doyle L. Samuel

Licensed Embalmer No. 47

P. O. Address Ashton

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.