

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28063

STATE FILE NUMBER

FILED AUG 19 1957

Registration District No.

120

Primary Registration District No.

2 000

Registrar's No.

803

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI		b. COUNTY WEBSTER	
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 Foydland	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION OZARK STEOPATHIC HOSPITAL		Length of stay in 1b		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First Middle Last Carey Lynn Trivitt			4. DATE OF DEATH Month Day Year 8 10 57		
5. SEX Male	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-31-57		9. AGE (In years last birthday) Months Days Hours Min. 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Springfield, Missouri	
10c. CITIZEN OF WHAT COUNTRY? U.S. Gen		12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME Bob Trivitt		13b. MOTHER'S MAIDEN NAME Cecelia Ratzinger		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address Dr. J. Ratzinger, Foydland, 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) Circulatory Failure			INTERVAL BETWEEN ONSET AND DEATH 9 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) toxaemia + fatigue			
DUE TO (c) Aspiration Pneumonia + Convulsions			
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 8-9-57 to 8-10-57 and last saw her alive on 8-10-57 . Death occurred at 8-10-57 2:00 am m on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE (Degree or title) Richard W. Gil, D.O.		22b. ADDRESS Springfield, Mo		22c. DATE SIGNED 8-10-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE AUGUST 10 1957		23c. NAME OF CEMETERY OR CREMATORY Foydland Cemetery	
		23d. LOCATION (City, town, or county). Foydland		(State) MISSOURI	

24. FUNERAL DIRECTOR Lynn Ferrell Pauland, mo		25. DATE RECD. BY LOCAL REG. 8-15-57		26. REGISTRAR'S SIGNATURE Edith Williamson	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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

This body was not embalmed

Licensed Embalmer No.

P. O. Address

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