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FILED MAR 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009501
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 245

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 <u>0396</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Burge Hosp		Length of stay in lb 70 years		d. STREET ADDRESS (If outside, give location) 1017 W. Locust		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LEONARD Middle OTTE Last CARR				4. DATE OF DEATH Month March Day 7 Year 1958			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept 2, 1879	
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman		11. BIRTHPLACE (City and state or country) Greene Co., Missouri	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY R. I. Railway		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Henry H. Carr			13b. MOTHER'S MAIDEN NAME C-- H. Stubblefield			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) no		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Leonard Carr, Jr., Springfield, Mo. Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Fractures, Head & Chest						INTERVAL BETWEEN ONSET AND DEATH Just	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) One car accident. He was driving with					
20c. TIME OF INJURY Max 5:35 p.m. MAR 7 1958		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Hwy 66					
20e. PLACE OF INJURY		20f. CITY, TOWN, OR LOCATION West Springfield		COUNTY Greene		STATE Missouri	
20g. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 5:35 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Joseph H. Rivers (Degree or title) Coroner				22b. ADDRESS Springfield, Missouri		22c. DATE SIGNED 10/Mar/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 10, 1958		23c. NAME OF CEMETERY OR CREATORY White Chapel		23d. LOCATION (City, town, or county) (State) Springfield, Mo.	
24. FUNERAL DIRECTOR Jewell E. Windle ADDRESS Springfield, Mo.			25. DATE RECD. BY LOCAL REG. 3-10-58		26. REGISTRAR'S SIGNATURE Effie G. Melton		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with reference to death.

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 *Bernard F. Wright*

Licensed Embalmer No. *42693*

P. O. Address *Springfield*

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.