

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013890

STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 128

Primary Registration District No. 2000

Registrar's No.

460

300
1-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. 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
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1857 W. High		Length of stay in lb 30 yrs.	d. STREET ADDRESS (If outside, give location) 1857 W. High
3. NAME OF DECEASED (Type or print) First ARNO Middle BRUNO Last SEBASTIAN			4. DATE OF DEATH Month April Day 28 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 Oct. 31, 1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Frisco R.R.		10b. KIND OF BUSINESS OR INDUSTRY Frisco R.R.	11. BIRTHPLACE (City and state or country) Shmoiml, Germany
13a. FATHER'S NAME Bruno Sebastian		13b. MOTHER'S MAIDEN NAME Laura Scheidt	14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT. <i>Public Administrator Records</i> Address
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardio - Renal - Vascular Disease</i>			INTERVAL BETWEEN ONSET AND DEATH NOT KNOWN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			442X
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 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
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 <i>Apr 25-26</i> to April 28, 1958 and last saw him alive on <i>Apr 25-58</i> Death occurred at <i>10:00 A.</i> m on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE <i>Max K. [Signature]</i>		22b. ADDRESS 1715 BOONVILLE Springfield Mo	22c. DATE SIGNED 4-30-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2 May 1958	23c. NAME OF CEMETERY OR CREMATORY Robberson Prairie
		23d. LOCATION (City, town, or county) (State) Greene County, Missouri.	
24. FUNERAL DIRECTOR Ralph Thieme Springfield, Mo. LM		25. DATE RECD. BY LOCAL REG. 5-2-58	26. REGISTRAR'S SIGNATURE <i>Effe Smetta</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *Le Mason*

Licensed Embalmer No. 4568

P. O. Address Springfield, Mo.

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.