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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021542

STATE FILE NUMBER

FILED JUN 23 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 611

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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 Springfield TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield Mo 8 3 9 6 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Burge		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Street Number Unknown
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First HOMER Middle LEON Last DEVINE			4. DATE OF DEATH Month June Day 11 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH July 21 1929	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months 10 Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (City and state or country) Dadeville Mo	12. CITIZEN OF WHAT COUNTRY? Usa	
13a. FATHER'S NAME Fred Devine		13b. MOTHER'S MAIDEN NAME Callie Bugg		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) yes WW#2		16. SOCIAL SECURITY NO. 191-12-1658	17. INFORMANT Address Callie Devine Dadeville 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) MULTIPLE SKULL FRACTURES -		INTERVAL BETWEEN ONSET AND DEATH 2
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? 2 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.) CAR-TRUCK ACCIDENT ON DIVISION ROAD GLENSTONE IN SPRINGFIELD MO. DEVINE WAS DRIVER OF CAR.	
20c. TIME OF INJURY Hour 4:30 a.m. June 11, 1958		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) CITY STREET	20f. CITY, TOWN, OR LOCATION 133 COUNTY GREENE STATE MISSOURI
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21. I attended the deceased from **APPROX 4:10 A.** to **June 11, 1958** and last saw **him** alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Ralph Thiene, Coroner</i>	(Degree or title) Coroner	22b. ADDRESS Springfield, Missouri	22c. DATE SIGNED June 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-13-58	23c. NAME OF CEMETERY OR CREMATORY Lindley Prairie	23d. LOCATION (City, town, or county) (State) Ceder Co Mo.

24. FUNERAL DIRECTOR Springfield, Mo. Ralph Thiene LM	25. DATE RECD. BY LOCAL REG. 6-16-58	26. REGISTRAR'S SIGNATURE <i>Effie G. Melton</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUN 23 1958

JUN 23 1958

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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 embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Lee 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.