

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021559
STATE FILE NUMBER

FILED JUN 23 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 666

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. 1170 b. COUNTY WRIGHT		
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 NORWOOD RT. 1		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGESS		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Rural		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last C. A. R. L. H. A. R. N. E. Y.			4. DATE OF DEATH Month Day Year JUNE 13, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT. 1, 1895	9. AGE (In years last birthday) 62	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) GERMANY	12. CITIZEN OF WHAT COUNTRY? UNKNOWN	
13. FATHER'S NAME UNKNOWN			14. MOTHER'S MAIDEN NAME UNKNOWN		
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 MERLIN HARNEY CORONADO, CALIF.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diffuse Brain Damage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Sub-dura hygroma Multiple rib fracture DUE TO (c) Auto-accident					INTERVAL BETWEEN ONSET AND DEATH
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, patient driving.				
20c. TIME OF INJURY 5:50 p. m.	Hour 20s.	Month, Day, Year 6-12-58	333		
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 6-12-58 to 6-13-58 and last saw her him alive on 6-13-58 Death occurred at 5:30 p. m. on 6-12-58 at the residence stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Max Miller, Marshfield, Mo.			22b. ADDRESS 1636 So. Glenstone, Springfield, Mo.		22c. DATE SIGNED 6-16-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUN. 15, 1958	23c. NAME OF CEMETERY OR CREMATORY CURTIS CEMETERY	23d. LOCATION (City, town, or county) WRIGHT CO.	STATE MO.	
24. FUNERAL DIRECTOR Max Miller, Marshfield, Mo			25. DATE RECD. BY LOCAL REG. 6-17-58	26. REGISTRAR'S SIGNATURE Offie G. Melton	

(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 causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Max L. Miller*.....

Licensed Embalmer No. *47*

P. O. Address *Manassas*

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.