

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025146
STATE FILE NUMBER

FILED JUL 28 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 729

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Wisconsin b. COUNTY Winnebago	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Neenak, 84808
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Burge Hosp		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1313 Harrison
3. NAME OF DECEASED (Type or print) First Middle Last ROBERT WAYNE BUELL			4. DATE OF DEATH Month Day Year July 20 1958
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ? DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 19, 1922 35
9. AGE (In years last birthday)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor	11. BIRTHPLACE (City and state or country) California	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Floyd Buell		13b. MOTHER'S MAIDEN NAME Jewell Farnes	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. 526-24-9120	17. INFORMANT Address Mrs. Jewell Meyer 1509 Palos Verdes	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PROBABLE INTERNAL ABDOMINAL, CHEST, HEAD INJURIES			San Pedro, California ONSET AND DEATH LAST?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) SEE 20b			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"/> 2
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 APPROX 9 MILES WEST OF SPRINGFIELD		
20c. TIME OF INJURY Hour Month, Day, Year APPROX 5:45 p.m. July 20, 1958	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. HIGHWAY		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION 9 MILES WEST OF SPRINGFIELD, GREENE, MISSOURI	COUNTY 039	STATE
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at APPROX 5:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ralph H. Thieme		22b. ADDRESS Springfield, Missouri	22c. DATE SIGNED 22 July 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 22 JULY 1958	23c. NAME OF CEMETERY OR CREMATORY Green Hills Mem. Park	23d. LOCATION (City, town, or country) (State) San Pedro, California
24. FUNERAL DIRECTOR Ralph Thieme		ADDRESS Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 7-22-58
			26. REGISTRAR'S SIGNATURE Effie B. Melton

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

AUG 18 1958

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 *Raymond A. Liema*

Licensed Embalmer No. 3681

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.