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FILED OCT 14 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-032038
STATE FILE NUMBER

Registration District No. 68 Primary Registration District No. 5266 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY: Christian
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Finley Twsp. — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Residence — Length of stay in Ib: 12 hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Christian
c. CITY OR TOWN: Ozark, RFD 8220 8 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 1 mile North — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: REGAN Middle: DORMAN Last: PRIDE

4. DATE OF DEATH: Month Sept. Day 26, Year 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Feb. 24, 1958

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 7 Days 2 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: — — — —

11. BIRTHPLACE (City and state or country): Springfield, Missouri

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Bob Pride

13b. MOTHER'S MAIDEN NAME: Betty Meade

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): — — — —

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Bob Pride, RFD, Ozark, Missouri — 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): Suffocation — INTERVAL BETWEEN ONSET AND DEATH: ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Regurgitated food in wind pipe and Lungs
DUE TO (c): 9210 22
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 ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at approx. 6:30 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. Dean Harris, (Degree or title): Coroner 3

22b. ADDRESS: Christian Co. (Clever) Mo.

22c. DATE SIGNED: 9/27/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9/27/1958

23c. NAME OF CEMETERY OR CREMATORY: McConnell Cemetery

23d. LOCATION (City, town, or county) (State): Nixa, Missouri

24. FUNERAL DIRECTOR: J. Dean Harris, — ADDRESS: Clever, Mo.

25. DATE RECD. BY LOCAL REG.: Oct. 1-1958

26. REGISTRAR'S SIGNATURE: Loretta Leonard

(Licensed Embalmer's Statement on Reverse Side)

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. All diseases in Part I must be causally related.

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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 .....J. Dean Harris.....

Licensed Embalmer No. 4390

P. O. Address Clever, 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.