

FILED SEP 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032338
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 915

1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI 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		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. ST. JOHN'S HOSP.			Length of stay in 1b 8 YRS.	d. STREET ADDRESS (If outside, give location) ROUTE # 12		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HOMER Middle LEE Last GIST				4. DATE OF DEATH Month SEPT. Day 20 Year 1958			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG. 21 1944		9. AGE (In years at birthday) 14	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT			10b. KIND OF BUSINESS OR INDUSTRY HIGH SCHOOL	11. BIRTHPLACE (City and state or country) KANSAS CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME UNKNOWN			13b. MOTHER'S MAIDEN NAME BETTY LOU GIST		14. NAME OF HUSBAND OR WIFE X		
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. NO	17. INFORMANT Address HOMER GIST RT # 12 SPRINGFIELD, MO.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH CAUSED BY IMMEDIATE CAUSE (a) Severe Brain Injury & Head Injury						INTERVAL BETWEEN ONSET AND DEATH ?	
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? 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.) He was riding bicycle and was					
20c. TIME OF INJURY Approx 7:00 p.m. SEPT 20 1958		20d. PLACE OF INJURY (e.g. In or about home, farm, factory, street, office bldg., etc.) Green County Hwy "M"					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g. In or about home, farm, factory, street, office bldg., etc.) Green County Hwy "M"		20f. CITY, TOWN, OR LOCATION Rural Springfield, Greene, Missouri		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at Approx 7:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Joseph H. Thiem				22b. ADDRESS Springfield, Missouri		22c. DATE SIGNED 22 Sept 1958	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9/23/58	23c. NAME OF CEMETERY OR CREMATORY MAPLE PARK		23d. LOCATION (City, town, or county) (State) AURORA, MISSOURI		
24. FUNERAL DIRECTOR H.H. LOHMEYER			ADDRESS SPRINGFIELD, MO.	25. DATE RECD. BY LOCAL REG. 9-24-58	26. REGISTRAR'S SIGNATURE Effie L. Melton		

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 *R. L. McCann*

Licensed Embalmer No. *2727*
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.