

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000956

STATE FILE NUMBER

FILED FEB 2 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 84

Health, Welfare Public Service

300
1-57

CORRECTED

BY AFFIDAVIT OF CORONER

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE 2-11-59 DEK

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 checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. BURGE HOSPITAL		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 1236 E DIVISION Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last OSCAR J. GIST			4. DATE OF DEATH Month Day Year JANUARY 23, 1959
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 11, 1905
9a. AGE (In years last birthday) 53		9b. IF UNDER 1 YEAR Months Days 9 12	9c. IF UNDER 24 HRS. Hours Min. 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Cloud Oak Flooring Co	11. BIRTHPLACE (City and state or country) Lawrence Co, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Gist	
13b. MOTHER'S MAIDEN NAME Pricilla Kate Johnson		14. NAME OF HUSBAND OR WIFE Golden Gist	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No none		16. SOCIAL SECURITY NO. 487-03-9414	17. INFORMANT 1236 E Division Mrs, Golden Gist, Springfield, 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) Asphyxiation			INTERVAL BETWEEN ONSET AND DEATH few min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Compression of Chest and Abdomen			few min.
DUE TO (c) Crushed between load of lumber and building			few min.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (g) 9363			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) Crushed between load of lumber and building	
20c. TIME OF INJURY Hour Month, Day, Year 3:15 pm p.m. Jan 23, 1959		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, city, office bldg., etc.) Cloud Oak Flooring Co	
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION 1916 N. Weller, Springfield, Missouri COUNTY Greene Co. STATE	
21. I attended the deceased from XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX and last saw her/him alive on _____ Death occurred at APPROX 3:15 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joseph H. Leiman (Degree or title) 3		22b. ADDRESS Greene Co. Coroner, Springfield, Missouri	
22c. DATE SIGNED 1-29-59		22d. REGISTRAR'S SIGNATURE Effie G. Melton	
23a. BURIAL CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-23-59	23c. NAME OF CEMETERY OR CREMATORY Pleasant Grove	23d. LOCATION (City, town, or county) (State) South of Miller, Missouri
24. FUNERAL DIRECTOR Morris Leiman, Miller, Missouri		25. DATE RECD. BY LOCAL REG. 1-30-59	26. REGISTRAR'S SIGNATURE Effie G. Melton

FEB 18 1959

FEB 5 1959

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 E. P. Leimon

Licensed Embalmer No. 3297

P. O. Address Miller Ma

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.