

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035913

FILED VS. OCT 26 1959

128

Primary Registration District No. 2000 Registrar's No. 1120

STATE FILE NUMBER

MEMENDED

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		Length of stay in 1b	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 2825 W. College Road		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1613 St. Louis St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First THEDA Middle IRENE Last WEHR			4. DATE OF DEATH Month October Day 18 Year 1959		
5. SEX Female	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 23 August 1931	9. AGE (last birthday) 28	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Buffalo, Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Charles J. Hembree		13b. MOTHER'S MAIDEN NAME Grace Kesler		14. NAME OF HUSBAND OR WIFE Cullie R. Wehr	
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 Grace Hembree (Mother) 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 - Carbon Monoxide					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)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) SHE WAS FOUND IN HER AUTOMOBILE WITH HOSE RUNNING FROM EXHAUST PIPE TO AUTO WINDOW AND INSIDE. THE SCENE INDICATED SUICIDE			
20c. TIME OF INJURY APPROX 11:00 p.m.	Hour Month, Day, Year Oct 18 1959				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) AUTO AT HOME	20f. CITY, TOWN, OR LOCATION SPRINGFIELD		COUNTY GREENE	STATE MISSOURI
21. I attended the deceased from UNATTENDED BY PHYSICIAN and last saw ^{her} him alive on _____ Death occurred at APPROX. 11:00 P.m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Joseph H. Curran		22b. ADDRESS Greene County Springfield, Mo.		22c. DATE SIGNED 19 Oct 59	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 10/20/59	23c. NAME OF CEMETERY OR CREMATORY Mo. Anatomical School		23d. LOCATION (City, town, or county) (State) Columbia, Missouri
24. FUNERAL DIRECTOR KLINGNER MORTUARY, INC.		ADDRESS SPRINGFIELD MO.		25. DATE RECD. BY LOCAL REG. 10-21-59	26. REGISTRAR'S SIGNATURE Effie G. Melton

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 12 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. 570
working under my personal supervision.

Student John B. Klingman Jr.
Signature of Student Embalmer

Signed Max Phade

Licensed Embalmer No. 4071

P. O. Address Spring

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.