

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001022

FILED VS FEB 8 1960

128

Primary Registration District No. *200*

Registrar's No. *143*

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MISSOURI COUNTY GREENE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b 35 YRS.		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. ST. JONH'S HOSP			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1864 E. ELM		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WILBUR Middle POTTER Last CAVENDER				4. DATE OF DEATH Month FEB. Day 2 Year 1960			
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 12/12/99	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY OKINO FARM DAIRY		11. BIRTHPLACE (City and state or country) NEAR, ALDRICH, MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME HOMER CAVENDER			13b. MOTHER'S MAIDEN NAME MABLE TYGART		14. NAME OF HUSBAND OR WIFE OMA CAVENDER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 491-05-4236		17. INFORMANT Address OMA CAVENDER, 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) Head and body injuries						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 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 driving a milk delivery truck				
20c. TIME OF INJURY approx 11:45 a.m.	Hour Month, Day, Year 2/2/1960		and collided with an automobile driven by a woman at Cherry & Glenstone.				
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) intersection		20f. CITY, TOWN, OR LOCATION Springfield, Greene, Missouri		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at approx 11:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Ralph H. Greene</i> (Degree or title) Greene County Coroner				22b. ADDRESS Springfield, Missouri		22c. DATE SIGNED 2/4/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2/4/60	23c. NAME OF CEMETERY OR CREMATORY HAZELWOOD		23d. LOCATION (City, town, or county) SPRINGFIELD, MO. (State)		
24. FUNERAL DIRECTOR H.H. LOHMEYER, SPRINGFIELD, MO. ADDRESS				25. DATE RECD. BY LOCAL REG. 2-5-60		26. REGISTRAR'S SIGNATURE <i>Effie G. Melton</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS
DEC 30 1960

MAR 3 1960

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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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Wm. C. ...*

Licensed Embalmer No. 272

P. O. Address *Spangler*

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.