

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001199

FILED VS FEB 8 1960 2000

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **148**

STATE FILE NUMBER

DED

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| 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 Rural 2nd Franklin Twsp. | | Length of stay in 1b | | c. CITY OR TOWN Rural 2nd Franklin Twsp. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION U.S.#65 & Greene Co. "H" | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) Springfield RFD#1 Box 568 | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First CARL Middle BRYANT Last THOMAS | | | | 4. DATE OF DEATH Month February Day 4, 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 Dec. 1919 | 9. AGE (last birthday) 40 | 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) U.S. Mail Carrier | | | 10b. KIND OF BUSINESS OR INDUSTRY Post Office Dept. | | 11. BIRTHPLACE (City and state or country) Fair Grove, Missouri | | 12. CITIZEN OF WHAT COUNTRY USA | | |
| 13a. FATHER'S NAME J.C. Thomas | | | 13b. MOTHER'S MAIDEN NAME Belva Bryant | | | 14. NAME OF HUSBAND OR WIFE Mary Thomas | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW2 | | | 16. SOCIAL SECURITY NO. 489-32-7208 | | 17. INFORMANT Address Mary Thomas (Wife) RFD#1 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) Crushing head 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 apparently was driving his car which | | | | | | | |
| 20c. TIME OF INJURY Hour Approx. 5 P.m. Month, Day, Year 2/4/1960 | collided with a large trailer-tractor unit. The trailer crushed the car. | | | | | | | | |
| 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.) U.S.#65 & Greene Co. "H" | | 20f. CITY, TOWN, OR LOCATION Rural 2nd Franklin Twsp. | | COUNTY Greene, | | STATE Missouri | |
| 21. I attended the deceased from UNATTENDED BY PHYSICIAN and last saw her/him alive on _____ Death occurred at Approx. 5:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22. SIGNATURE (Degree or title) Joseph H. Irvine Greene County Coroner | | | | 22b. ADDRESS Springfield, Missouri | | | 22c. DATE SIGNED 2/5/60 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE 2-8-60 | 23c. NAME OF CEMETERY OR CREMATORY GREENLAWN | | 23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO. | | | | |
| 24. FUNERAL DIRECTOR ADDRESS KLINGNER MORTUARY, INC. Springfield, Mo. | | | | 25. DATE RECD. BY LOCAL REG. 2-5-60 | | 26. REGISTRAR'S SIGNATURE Effie S. Melton | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Jhc

APR 6 1960

MAR 16 1960

FEB 19 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. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed: Glen D Williams

Licensed Embalmer No. 4651

P. O. Address Springfield

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.