

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041659

STATE FILE NUMBER

FILED VS NOV 28 1960

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1163

DED

1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>			Length of stay in 1b		c. CITY OR TOWN <b>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>D.O.A. St. Johns Hospital</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>845 W. Seminole</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Kenneth</b> Middle <b>Wayne</b> Last <b>Looney</b>				4. DATE OF DEATH Month <b>November</b> Day <b>17</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8 Oct 1947</b>	9. AGE (last birthday) <b>13</b>	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>In School</b>		11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Luthey Looney</b>			13b. MOTHER'S MAIDEN NAME <b>Isadora Steele</b>			14. NAME OF HUSBAND OR WIFE <b>Never Married</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT Address <b>845 W. Seminole</b> <b>Luther Looney (Father) Springfield, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Probable suffocation by hanging by neck</b>							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.) <b>He was found by his mother, with a light cord about his neck and hanging from a</b>					
20c. TIME OF DEATH Hour <b>6:30 P.M.</b> Month, Day, Year <b>11/17/60</b>		<b>back yard play swing and chinning bar.</b>					
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.) <b>at home</b>		20f. CITY, TOWN, OR LOCATION <b>Springfield, Greene, Missouri</b>		COUNTY STATE	
21. I attended the deceased from <b>UNATTENDED BY PHYSICIAN</b> and last saw <sup>her</sup> / <sub>him</sub> alive on <b>approx. 6:30 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at _____							
21a. SIGNATURE (Degree or title) <b>Greene</b> <i>Walter H. Thorne</i> <b>County Coroner</b>				22b. ADDRESS <b>Springfield, Missouri</b>		22c. DATE SIGNED <b>11/21/60</b>	
23a. BURIAL (CREMATION, REMOVAL) (Specify) <b>BURIAL</b>		23b. DATE <b>11-19-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>GREENLAWN</b>		23d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>KLINGNER MORTUARY, INC. SPRINGFIELD MO.</b>				25. DATE RECD. BY LOCAL REG. <b>11-23-60</b>		26. REGISTRAR'S SIGNATURE <i>Effie S. Merton</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JHC

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Glen D. Williams

Licensed Embalmer No. 465

P. O. Address SPRINGFIELD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to  
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.