

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-020946
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 600

FILED JUN 26 1961

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ozark	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield,		Length of stay in 1b 11 days	c. CITY OR TOWN Gainesville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Gainesville
3. NAME OF DECEASED (Type or print) First Middle Last BILL ALLEN EXLINE			4. DATE OF DEATH Month Day Year June 18, 1961
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 February 25, 1921
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Furniture	9. AGE (last birthday) 40
11. BIRTHPLACE (City and state or country) Ozark County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Samuel O. Exline		13b. MOTHER'S MAIDEN NAME Pearl Pitcock	
14. NAME OF HUSBAND OR WIFE Mattalene Graves Exline		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ?	
16. SOCIAL SECURITY NO. ?		17. INFORMANT Address Mrs. Mattalene Exline Gainesville, 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) Shock			INTERVAL BETWEEN ONSET AND DEATH 24 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) massive bilateral adrenal hemorrhages			24 hr.
DUE TO (c) Extensive body burns			10 days
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 type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input 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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>6-15-61</u> to <u>6-18-61</u> and last saw ^{him} _{her} alive on <u>6-18-61</u> Death occurred at <u>7:30 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Elmer M. Purcell, MD		22b. ADDRESS 609 Cherry St Springfield, Mo	22c. DATE SIGNED 6-19-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 21, 1961	23c. NAME OF CEMETERY OR CREMATORY Gainesville	23d. LOCATION (City, town, or county) (State) Gainesville, Missouri
24. FUNERAL DIRECTOR ADDRESS Clinkingbeard Funeral Home, Gainesville, Missouri		25. DATE RECD. BY LOCAL REG. 6-21-61	26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

JUN 30 1961

H. Parcell

JUL 2 1961

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 Leo Posler Lorman

Licensed Embalmer No. 3177

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.