

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034087

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 68

Primary Registration District No. 5268

Registrar's No. 50

FILED OCT 10 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Christian</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>North Lynn Township</u> | | Length of stay in 1b <u>7 hours</u> | c. CITY OR TOWN <u>Springfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>9 miles SE of Ozark</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>420 East Walnut</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>William Everett "Bill" Cave</u> | | | 4. DATE OF DEATH Month Day Year <u>Sept. 24, 1962</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>4/13/1940</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Cloud Oak Flooring</u> | 9. AGE (last birthday) <u>22</u> IF UNDER 1 YEAR Months Days Hours Min. |
| 11. BIRTHPLACE (City and state or country) <u>El Paso, Texas</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Pleasant William Cave</u> | | 13b. MOTHER'S MAIDEN NAME <u>Alveeta Tuler</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service) <u>yes 4/17/57 to 2/23/60</u> | | 17. INFORMANT Address <u>Mrs. Alveeta Treon, Rt. #1, Ozark, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Asphyxiation</u> DUE TO (b) <u>Carbon Monoxide Poison</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH <u>?</u> |
| 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.) <u>Deceased placed 1 1/2" rubber hose on exhaust pipe</u> | |
| 20c. TIME OF INJURY Hour Month, Day, Year <u>approx 9: p.m. 9-24-62</u> | of automobile, hose being approximately 10 feet long and run into left front air vent window with clothing in excess window space. STATE | | |
| 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>Fish Hatchery</u> | 20f. CITY, TOWN, OR LOCATION <u>Rt. #1, Ozark, Christian, Missouri</u> | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>Approx. 9:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Alean Harris</u> <u>Coroner Christian Co.</u> | | 22b. ADDRESS <u>Ozark, Missouri</u> | |
| 22c. DATE SIGNED <u>9/26/62</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>9/28/1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Springfield Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Alean Harris</u> | | ADDRESS <u>Ozark, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>Oct. 2, 1962</u> |
| | | 26. REGISTRAR'S SIGNATURE <u>Mary Kaufman</u> | |

OCT 11 1962

JAN 21 1963

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 John Harris

Licensed Embalmer No. 4390

P. O. Address Ozark, Mo.

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.

Permit obtained Sept. 28, 1962. M.K.