

FILED APR 30 1956

STANDARD CERTIFICATE OF DEATH

12936

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 401

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 SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1129 W. LYNN		d. STREET ADDRESS 1129 W. LYNN	

3. NAME OF DECEASED (Type or print) CLAUDE LESLIE HEADLEE			4. DATE OF DEATH APRIL 24, 1956		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/>	8. DATE OF BIRTH NOV 20, 1871	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REI CARPENTER & CONTR		10b. KIND OF BUSINESS OR INDUSTRY CONTRACTOR		11. BIRTHPLACE (City and state or country) MISSOURI	
13. FATHER'S NAME SAMUEL HEADLEE			14. MOTHER'S MAIDEN NAME EMILY ARMOUR		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT MRS. PAUL STOKES 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) Carcinoma of liver		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) 1561		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. _____		
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 March, 1956, to April 24, 1956 and last saw him alive on April 22, 1956.
Death occurred at 4:30 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Death or title) Dean Cunningham, M.D.	22b. ADDRESS Springfield, Mo	22c. DATE SIGNED 4-26-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-26-56	23c. NAME OF CEMETERY OR CREMATORY MT. COMFORT CEMETERY
		23d. LOCATION (City, town, or county) (State) Greene County, Mo.

24. FUNERAL DIRECTOR J.W. Ringer & Co	ADDRESS SPRINGFIELD, MO.	25. DATE RECD. BY LOCAL REG. 4-27-56	26. REGISTRAR'S SIGNATURE Frank Williams
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No.....
4

P. O. Address.....


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