

FILED JUL 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **22069**Registration District No. **10**Primary Registration District No. **3002**Registrar's No. **104**

## 1. PLACE OF DEATH:

(a) County **Audrain**  
 (b) City or town **Mexico**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**1108 E. Promenade St. /**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME **Hattie Adela Springgate**3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W 2**6. (b) Name of husband or wife **George Springgate** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased **June 28 1864**  
(Month) (Day) (Year)8. AGE: Years **84** Months **0** Days **16** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace **Warren Co., Missouri**  
(City, town, or county) (State or foreign country)10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **J. M. Springgate**13. Birthplace **Va.**  
(City, town, or county) (State or foreign country)14. Maiden name **Helen Marshall**15. Birthplace **Va.**  
(City, town, or county) (State or foreign country)16. (a) Informant **Mr. Geo Gall**(b) Address **Mexico, Missouri.**17. (a) **Bubial** (b) Date thereof **7-16-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **New Haven, Mo.**18. (a) Signature of funeral director **Chas Arnold Jr**(b) Address **Mexico, Missouri.**19. (a) **7/16/48** (b) **Blanche Neely**  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Audrain**  
 (c) City or town **Mexico**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **1108 E. Promenade St.**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **14th**  
year **1948** hour **12** minute **15 P.** M.21. I hereby certify that I attended the deceased from  
**June 28th** 19 **48** to **July 14th** 19 **48**that I last saw her alive on **June 28th** 19 **48**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

**Myocardial  
Cardio Nephrotic**

Due to \_\_\_\_\_

Due to **Atherosclerosis**Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
\_\_\_\_\_While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_23. Signature **J. Frank Jolley** (M. D. or other) **M.D.**Address **Mexico, Mo.** Date signed **7/14/48**

RECEIVED

District Health Officer No. 10

District File Number 7-48-12

Date Filed JUL 19 1948

**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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed..... Ernest R. Head

Licensed Embalmer No. 4038

P. O. Address..... Mexico, Missouri.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**