

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 9 1949

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 52050		Registrar's No. 83		
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, write RURAL and give township) OR TOWN Rural N Campbell Twp			c. LENGTH OF STAY (In this place) 40 Years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural North Campbell Township			0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2601 West Lincoln /				d. STREET ADDRESS (If rural, give location) 2601 West Lincoln				
3. NAME OF DECEASED (Type or Print) a. (First) Alma		b. (Middle) Spradling		c. (Last) Rivers		4. DATE OF DEATH (Month) (Day) (Year) January 29 1949		
5. SEX Female /	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH March 26, 1903		9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME William O Spradling			13b. MOTHER'S MAIDEN NAME Jannie Hilton		14. NAME OF HUSBAND OR WIFE Peter J Rivers			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Peter J Rivers, Springfield, Missouri				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma to metastases generalized unknown ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Probably originating in ovary DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield Greene Mo				
21d. TIME OF INJURY none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? No injury				
22. I hereby certify that I attended the deceased from Dec 19 47, to 29 Jan 19 49, that I last saw the deceased alive on 29 Jan 19 49, and that death occurred at 2:03 P.m., from the causes and on the date stated above.								
23a. SIGNATURE Henry F. Knapp, Jr. M.D.			23b. ADDRESS 0 1630 N. Jefferson Springfield Mo		23c. DATE SIGNED 31 Jan 49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 3, 1949	24c. NAME OF CEMETERY OR CREMATORIUM Maple Park Cemetery		24d. LOCATION (City, town, or county) (State) Springfield Missouri		✓	
DATE REC'D BY LOCAL REG. 2-3-49		REGISTRAR'S SIGNATURE W.S. Handley M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alma Lohmeyer Funeral Home, Springfield, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed _____
Student Embalmer

Signed

Jewell E. Mundy

Licensed Embalmer No.

2831

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