FILED MAR 23 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8195

BIRTH NO. _____ REG. DIST. NO. 1139 PRIMARY REG. DIST. NO. 4225 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Holt
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oregon; Mo. 4
c. LENGTH OF STAY (In this place): 45 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Brown Nursing Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Holt
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oregon Mo
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Tibitha
b. (Middle): Jane
c. (Last): Springer

4. DATE OF DEATH (Month) (Day) (Year): Mar. 10 1949.

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Mar. 4th, 1863
9. AGE (In years last birthday): 86 — If under 1 year: Months 0 Days 6 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MtPleasant Iowa.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William H, Ford.
13b. MOTHER'S MAIDEN NAME: Tibitha Jane Ford
14. NAME OF HUSBAND OR WIFE: John Springer, Deceased

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.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Maude Walker. Fairfax. Mo,

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CARCINOMA, METASTATIC — OF COLON + VISCERA.
INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. BROKEN HIP

C 40 30
C 1 20

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Nursing Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Oregon. Holt 44
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fell.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

22. *I hereby certify that I attended the deceased from* JAN 20, 1949, *to* MAR 10, 1949, *that I last saw the deceased alive on* MAR 10, 1949, *and that death occurred at* 7 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. H. E. Callain D.O.
23b. ADDRESS: Oregon Mo.
23c. DATE SIGNED: MAR 12, 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/13/49
24c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery.
24d. LOCATION (City, town, or county) (State): Mound City. Mo.

DATE REC'D BY LOCAL REG.: Mar 12 49
REGISTRAR'S SIGNATURE: L J Cherry 122 0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Wm. Crawford,

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.

Student .....
Student Embalmer

Signed W. M. Crawford

Licensed Embalmer No. 1824

P. O. Address Mound City. 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 this body is not embalmed, fact should be so stated above.