

FILED MAY 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16445

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 462

1. PLACE OF DEATH a. COUNTY <u>Greene</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, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		d. STREET ADDRESS (If rural, give location) <u>739 W Walnut</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>739 W Walnut</u>		d. STREET ADDRESS (If rural, give location) <u>739 W Walnut</u>	
3. NAME OF DECEASED a. (First) <u>SALLIE</u>		b. (Middle) <u>B.</u>	
c. (Last) <u>GABA</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 14 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 21, 1874</u>
9. AGE (in years last birthday) <u>75</u>		10. AGE (in years last birthday) <u>75</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Chandler</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza McKee</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edith Myers-Spald.</u>	
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) <u>myocardial insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis</u> DUE TO (c) <u>generalized arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>5-6 yrs.</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>10/21, 1947</u> , to <u>5/14, 1950</u> , that I last saw the deceased alive on <u>5/14, 1950</u> , and that death occurred at <u>6:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>D. M. K. Klingner</u>		23b. ADDRESS <u>M.D. Springfield Mo.</u>	
23c. DATE SIGNED <u>5/15/50</u>		24. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cem.</u>	
24a. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>		24b. DATE <u>May-17-50</u>	
DATE REC'D BY LOCAL REG. <u>5-17-50</u>		REGISTRAR'S SIGNATURE <u>W. E. Handley M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Klingner & Co. Spald.</u>		ADDRESS	

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

396

0396

STATEMENT BY LICENSED EMBALMER

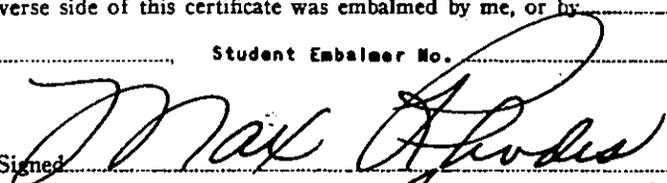
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4071

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.