

S. No. 300
V. 10.48

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19553

0142
2

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

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 209

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shelbyville 1020</u>	
c. LENGTH OF STAY (In this place) <u>1349m</u>		d. STREET ADDRESS (If rural, give location) <u>County Infirmary</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #1</u>			
3. NAME OF DECEASED a. (First) <u>WILLIAM</u>		b. (Middle) <u>SPRINGSTEEN</u>	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>June 19 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Nov 24 1872</u>
9. AGE (In years last birthday) <u>77</u>	10. MONTHS <u>7</u>	11. HOURS <u>25</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Lieb Springsteen</u>		13b. MOTHER'S MAIDEN NAME <u>dk</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>dk</u>	
16. SOCIAL SECURITY NO. <u>dk</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hos Records</u> ADDRESS <u>Fulton Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumo-pneumonia</u> 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. <u>arteriosclerosis</u>	
INTERVAL BETWEEN ONSET AND DEATH _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		21. HOW DID INJURY OCCUR? _____
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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from <u>6-13</u> , 19 <u>50</u> , to <u>6-19</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6-19</u> , 19 <u>50</u> and that death occurred at <u>11 50</u> a.m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>J. Caldwell M.D.</u>		23b. ADDRESS <u>State Hos Fulton Mo</u>	
23c. DATE SIGNED <u>6-19-50</u>		24. LOCATION (City, town, or county) (State) <u>Fulton Callaway Mo.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-22-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>State Hosp Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fulton Callaway Mo.</u>
DATE REC'D BY LOCAL REG. <u>June 22-1950</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	426	25. FUNERAL DIRECTOR'S SIGNATURE <u>C.C. Weeks</u> ADDRESS <u>Fulton Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUN 26 1958
District Health Officer No. 9
District File Number

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed
Student Embalmer

Licensed Embalmer No.

P. O. Address _____

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.