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FILED OCT 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33228
Registrar's No. 918-A

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

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 SPRINGFIELD	c. LENGTH OF STAY (in this place) 10 YRS.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD 0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1616 COLLEGE		d. STREET ADDRESS (If rural, give location) 1616 COLLEGE	

3. NAME OF DECEASED (Type or Print) a. (First) DORA b. (Middle) ALICE c. (Last) HONSINGER			4. DATE OF DEATH (Month) (Day) (Year) OCT. 19 1950			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12-5-1872	9. AGE (In years last birthday) 77	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) HO. SEWING		10b. KIND OF BUSINESS OR INDUSTRY Home-	11. BIRTHPLACE (State or foreign country) MO		12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME JOHN R. SANDERS	13b. MOTHER'S MAIDEN NAME MARY ELLEN SANDERS	14. NAME OF HUSBAND OR WIFE GEORGE HONSINGER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If you give year or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. GRACE ROSE, FLINT, MICHIGAN	ADDRESS
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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) Congestive heart failure		INTERVAL BETWEEN ONSET AND DEATH 3 mos
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		4341
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia secondary to # (a) above		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **Aug 1950** to **19 Oct 1950**, that I last saw the deceased alive on **8 Oct 1950**, and that death occurred at **4:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE William W. Wood (Degree or title) MD	23b. ADDRESS 205 St Louis St Springfield, Mo	23c. DATE SIGNED 10/20/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-22-1950	24c. NAME OF CEMETERY OR CREMATORY ROSE HILL	24d. LOCATION (City, town, or county) (State) CHRISTIAN CO. MISSOURI
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DATE REC'D BY LOCAL REG. 10-23-50	REGISTRAR'S SIGNATURE W.E. Handley MD	25. FUNERAL DIRECTOR'S SIGNATURE John Alan Harris	ADDRESS Cleve Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 John Dean Harris
Licensed Embalmer No. 4390

Signed
Student Embalmer

P. O. Address Cleveland, 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.