

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36706**

FILED NOV 20 1950

BIRTH NO. _____ **REG. DIST. NO.** 128 **PRIMARY REG. DIST. NO.** 2000 **Registrar's No.** 1019

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) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Springfield <u>1396</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital		d. STREET ADDRESS (If rural, give location) 646 W. Lynn <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) Leslie		b. (Middle) Honeck	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) Nov. 17 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 17 1898
9. AGE (In years last birthday) 58		# UNDER 1 YEAR Months _____ Days _____	# UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY In Home	11. BIRTHPLACE (State or foreign country) Missouri <u>C</u>
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Pink Kilkore		13b. MOTHER'S MAIDEN NAME Harriet Slavens	
14. NAME OF HUSBAND OR WIFE 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. No	
17. INFORMANT'S SIGNATURE OR NAME Vernon Hale		ADDRESS Springfield,	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 10 minutes.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis and Hypertension Cardiovascular Renal Disease DUE TO (c) _____		2 years?	
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"/>		<u>1/20/50</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>July 19 49</u> to <u>Nov</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov 17</u> , 19 <u>50</u> , and that death occurred at <u>11:20a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE Gene W. Farthing, M.D.		23b. ADDRESS Springfield, Mo	
23c. DATE SIGNED 11.18.50.			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 19, 1950	
24c. NAME OF CEMETERY OR CREMATORY Eastlawn Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Missouri	
DATE REC'D BY LOCAL REG. 11-18-50		REGISTRAR'S SIGNATURE W. E. Handley	
25. FUNERAL DIRECTOR'S SIGNATURE J. W. Klingner & Co.		ADDRESS Springfield	

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.

Student
Student Embalmer

Signed *Ogh Stone Jr*

Licensed Embalmer No. *4176*

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.