

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22746

FILED AUG 13 1951

BIRTH NO. _____		REG. DIST. NO. 128	PRIMARY REG. DIST. NO. 2000	Registrar's No. 696
1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. CITY (If inside corporate limits, write RURAL and give township) OR TOWN <b>Rural N. Campbell Twshp.</b>		
c. LENGTH OF STAY (In this place) <b>8 Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>Route # 2 Spfld</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John Hosp.</b>		0390		
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>		b. (Middle) _____		c. (Last) <b>Pint</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 8, 1951</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 2 1867</b>	9. AGE (In years last birthday) <b>84</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>	11. BIRTHPLACE (State or foreign country) <b>Osage, Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>John Pint</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown Johause</b>	14. NAME OF HUSBAND OR WIFE <b>X</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clem Pint</b> ADDRESS <b>Chicago, Ill.</b>	
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) <b>Arterio Sclerotic heart Disease</b> ANTECEDENT CAUSES <b>Chronic Hypertrophic prostatitis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>years</b>
19a. DATE OF OPERATION <b>7/27/51</b>		19b. MAJOR FINDINGS OF OPERATION <b>Closed Reduction of fracture</b>		4200 F
II. OTHER SIGNIFICANT CONDITIONS <b>Fractures right tibia &amp; fibula</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Fracture left fibula</b>				12 days
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Springfield Greene Mo.</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 27 1951 m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fell down at home</b>		
22. I hereby certify that I attended the deceased from <b>July 27</b> , 19 <b>51</b> , to <b>Aug 9</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Aug 8</b> , 19 <b>51</b> , and that death occurred at <b>3:20am.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>James D Horton M.D.</b> (Degree or title)		23b. ADDRESS <b>Springfield, mo</b>		23c. DATE SIGNED <b>Aug 9 1951</b>
24a. BURIAL/CREMATION REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>8/9/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Unknown</b>	24d. LOCATION (City, town, or county) (State) <b>Osage, Iowa</b>	
DATE REC'D BY LOCAL REG. <b>8/11/51</b>	REGISTRAR'S SIGNATURE <b>W.E. Handley</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS. <b>H.H. Lohmeyer Springfield, Mo.</b>		

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

396  
0

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.....

*Walter C. Hamelle*

Signed.....  
Student Embalmer

Licensed Embalmer No.....

*3898*

P. O. Address.....

*Springfield 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.