

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22789**  
Registrar's No. **602**

FILED JUL 18 1951

BIRTH NO.		REG. DIST. NO. <b>128</b>		PRIMARY REG. DIST. NO. <b>5465</b>		Registrar's No. <b>602</b>	
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) OR TOWN <b>Rural 2nd N. Campbell</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural 2nd N. Campbell</b>		d. STREET ADDRESS (If rural, give location) <b>Rt. 1 Springfield</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rt. 1 Springfield</b>				d. STREET ADDRESS (If rural, give location) <b>Rt. 1 Springfield</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>MARY</b>		b. (Middle) <b>AUGUSTA</b>		c. (Last) <b>CAROLL HOOVER</b>	
4. DATE OF DEATH		(Month) <b>July</b>		(Day) <b>10</b>		(Year) <b>51</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>May 24, 1875</b>	
9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>In Home</b>		11. BIRTHPLACE (State or foreign country) <b>Dallas Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>David A. Pietce</b>		13b. MOTHER'S MAIDEN NAME <b>Rebecca Edgington</b>		14. NAME OF HUSBAND OR WIFE <b>Divorced</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>No.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Earl Rothermel</b> ADDRESS <b>Spfld. Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio-Renal-Vascular Disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 yr.</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (Minute)		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 <del>1945</del> <b>1945</b> to <b>7-10</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>7-5</b> , 19 <b>51</b> , and that death occurred at <b>5:30a</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>M. D. Mansfield</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Springfield Mo</b>		23c. DATE SIGNED <b>7-12-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 13-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>7-13-51</b>		REGISTRAR'S SIGNATURE <b>W.E. Handley</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J.W. Klingner &amp; Co.</b> ADDRESS <b>Springfield Mo.</b>			

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Max Rhodes*

Signed.....

Student Embalmer

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.