

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33233

State File No. \_\_\_\_\_

942

FILED NOV 13 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. \_\_\_\_\_

0 396

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield Rural N Campbell Twsp</u> <span style="float: right;">0390</span>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>Route 11, Box 730</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St John's Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MILDRED</u>	b. (Middle) <u>SALES</u>	c. (Last) <u>KOLAR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 3 1951</u>
-------------------------------------	---------------------------	--------------------------	------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 28, 1916</u>	9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
-------------------------	----------------------------------	--	---	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	--	---

13a. FATHER'S NAME <u>Charles Sales</u>	13b. MOTHER'S MAIDEN NAME <u>Sylvia E Martin</u>	14. NAME OF HUSBAND OR WIFE <u>Alois H. Kolar</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alois H Kolar, Springfield, Mo.</u>	ADDRESS
---	---	---	---------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gangrene Rt. leg</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Embolus Rt. femoral Artery</u> 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 <u>454X</u>	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) (Min.)	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 Nov 1, 1951, to Nov 3, 1951, that I last saw the deceased alive on Nov 2, 1951, and that death occurred at 5:00A m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. P. Hooley</u>	(Degree or title) <u>M.D. 0</u>	23b. ADDRESS <u>Springfield, Mo</u>	23c. DATE SIGNED <u>11/6/51</u>
---------------------------------------	------------------------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 7, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>
--	---------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>11-8-51</u>	REGISTRAR'S SIGNATURE <u>W E Hardly</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeyer</u>	ADDRESS <u>Springfield, Mo</u>
--	--	--	-----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 26 1957

**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 James W. Wain  
..... Licensed Embalmer No. 4650

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.