

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33298

FILED OCT 24 1951

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5462 Registrar's No. 896

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

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, give RURAL and give township) OR TOWN Rural 2nd Franklin		c. CITY (If outside corporate limits, give RURAL and give township) OR TOWN Rural 2nd. Franklin	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Route 1 Springfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 mi. N.W. of Caydon Cave		e. FULL NAME OF HOSPITAL OR INSTITUTION 5 mi. N.W. of Caydon Cave	
3. NAME OF DECEASED (Type or Print) a. (First) Eleanor b. (Middle) Nellie G. c. (Last) Winans		4. DATE OF DEATH (Month) (Day) (Year) Oct. 19, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Oct. 11, 1869
9. AGE (In years last birthday) 82		10. MONTHS 2	11. HOURS 0390
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) Iowa		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Geo. Pritchard	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Widow
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No.	16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Myrtle J. Snapp Rt. 1 Spfld Mo

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease		
	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 checked="" 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) 4200
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Jan, 1951, to Oct 19, 1951, that I last saw the deceased alive on Jan, 1951, and that death occurred at 8:00 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D. J. W. Klugner	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 10-20-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 20, 51	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
24d. LOCATION (City, town, or county) (State) Springfield, Missouri		

DATE REC'D BY LOCAL REG. 10-20-51	REGISTRAR'S SIGNATURE W. E. Handley	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. W. Klugner 70 Spfld. Mo
---	---	---

M.R.

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 _____

W. M. Rhodes
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.