

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40998

State File No.

FILED JAN 8 1952

REG. DIST. NO. 40

PRIMARY REG. DIST. NO. 5286

Registrar's No. 74

230
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Clark</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p> b. COUNTY <p style="text-align: center;">Clark</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Wyaconda, Mo.</p>		c. LENGTH OF STAY (in this place) OR TOWN <p style="text-align: center;">All his life</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">Washington Township</p>	
3. NAME OF DECEASED a. (First) <p style="text-align: center;">Ollen</p> b. (Middle) <p style="text-align: center;">Romana</p> c. (Last) <p style="text-align: center;">Springer</p>			4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">Dec. 21 1951</p>
5. SEX <p style="text-align: center;">Male</p>	6. COLOR OR RACE <p style="text-align: center;">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Married</p>	8. DATE OF BIRTH <p style="text-align: center;">Apr. 11, 1911</p>
9. AGE (In years last birthday) <p style="text-align: center;">40</p>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Clark County Mo.</p>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Farmer</p>		12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U.S.</p>	
13a. FATHER'S NAME <p style="text-align: center;">Oscar Springer</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Jennie Dieterich</p>	14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Gail Springer</p>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">NO</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">498-05-4899</p>	17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Mrs Gail Springer, Wyaconda, Mo.</p>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;">Carcinoma - Cervical - Mediastinal Unknown</p> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <p style="text-align: center;">Origin in sub-lingual glands</p> DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;">2002</p>	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)	
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 June 1, 1950, to Dec 21, 1951, that I last saw the deceased alive on Dec 21, 1951, and that death occurred at 3 P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <p style="text-align: center;">B. F. Hutchinson D.D.O.</p>		23b. ADDRESS <p style="text-align: center;">Wyaconda, Mo.</p>	23c. DATE SIGNED <p style="text-align: center;">12-23-51</p>
24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>	24b. DATE <p style="text-align: center;">Dec 23-51</p>	24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Wyacondalunary</p>	24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Wyaconda Mo.</p>
DATE REC'D BY LOCAL REG. <p style="text-align: center;">12/26-51</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">J. Bridges</p>	25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Gertie Haskett</p>
ADDRESS <p style="text-align: center;">Wyaconda Mo</p>			

Date Received:

JAN 2

DISTRICT HEALTH OFFICE #

District File Number 1-52

Date Filed:

JAN 7 195

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.....

Geo. V. Baskett

Signed.....
Student Embalmer

Licensed Embalmer No. 1817

P. O. Address *Wyaconda, m*

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.