

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7261**

S. No. 300
v. 10.48

ED MAR 31 1952

BIRTH NO. **90031** REG. DIST. NO. **13** PRIMARY REG. DIST. NO. **3003** Registrar's No. **13**

0051

1. PLACE OF DEATH a. COUNTY Barry b. CITY (If outside corporate limits, write RURAL and give town) Monett		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) Douglas Alan Springston			4. DATE OF DEATH March 17 52		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ()	8. DATE OF BIRTH Dec 31 1951		9. AGE (In years last birthday) 2 <small>IF UNDER 1 YEAR</small> Months 16 <small>IF UNDER 12 Hrs.</small> Hours 0 <small>IF UNDER 6 Mts.</small> Mins. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Monett Missouri ()	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Ernest Springston	13b. MOTHER'S MAIDEN NAME Joan Cruise	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ()	16. SOCIAL SECURITY NO. ()	17. INFORMANT'S SIGNATURE OR NAME Ernest Springston	ADDRESS Monetta
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN CAUSE AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation		
	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 E. 9 24 0 - 18	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Home - 1st floor	21c. (CITY, TOWN, OR TOWNSHIP) Monett (COUNTY) Barry (STATE) Mo
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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? Body got bec in pillow with sleep
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22. I hereby certify that I attended the deceased from **1-15**, 19**52**, to **3/17/52**, that I last saw the deceased alive on **3-16**, 19**52**, and that death occurred at **4 A** m., from the causes and on the date stated above.

23a. SIGNATURE Frank R. Kern MD (Degree or title)	23b. ADDRESS Monett Mo	23c. DATE SIGNED 3-21-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar, 18 1952	24c. NAME OF CEMETERY OR CREMATORY Odd Fellows	24d. LOCATION (City, town, or county) (State) Lawrence Mo
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DATE REC'D BY LOCAL REG. Mar 26 1952	REGISTRAR'S SIGNATURE Oliver A. Worthington	25. FUNERAL DIRECTOR'S SIGNATURE J. P. Buchanan	ADDRESS Monett Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *J. P. Buchanan*

Licensed Embalmer No. 3149

P. O. Address Monroeth 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.