

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8024**

FILED MAR 17 1952

Registrar's No. **248**

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 248	
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, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION BAPTIST HOSP.				d. STREET ADDRESS (If rural, give location) 315 1/2 E. WALNUT			
3. NAME OF DECEASED (Type or Print) a. (First) FLORENCE b. (Middle) _____ c. (Last) HAYNES			4. DATE OF DEATH (Month) (Day) (Year) MARCH 9 1952				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH APRIL, 2, 1903		9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) BANDERA, TEXAS		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME WILLIAM L. FRIES			13b. MOTHER'S MAIDEN NAME SOPHRONIA E. RICHARDS		14. NAME OF HUSBAND OR WIFE X		
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. Unknown	17. INFORMANT'S SIGNATURE OR NAME MRS H. M. CARTER ADDRESS SPRINGFIELD, MO				
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) Myocardial Infarction due to Antecedent Causes					INTERVAL BETWEEN ONSET AND DEATH	
	*This does not mean the mode of dying, such as heart failure, assthenia, 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) to Atherosclerotic Heart Disease						
	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) _____			
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 8 March, 1952 , to Only , 19____, that I last saw the deceased alive on 9 March, 1952 , and that death occurred at 1:30a m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Stanley A. Peterson M.D.				23b. ADDRESS Springfield Mo		23c. DATE SIGNED 11 March 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 3/13/52	24c. NAME OF CEMETERY OR CREMATORY BANDERA CEMETERY.		24d. LOCATION (City, town, or county) (State) BANDERA, TEXAS		
DATE REC'D BY LOCAL REG. 3-12-52		REGISTRAR'S SIGNATURE James K. Amos, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE H. H. LOHMEYER ADDRESS SPRINGFIELD, MO.		

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

Walter E. Hamilton

Signed.....
Student Embalmer

Licensed Embalmer No. 3808

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.