

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27769**  
Registrar's No. **783**

BIRTH NO. **119 SEP 25 1952** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

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

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>GREENS 0396</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>HOWELL 0760</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WILLOW SPRINGS 1</b>   |  |
| c. LENGTH OF STAY (In this place)   |  | d. STREET ADDRESS (If rural, give location)  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hospital</b>                                   |  |  |  |

|   |  |   |  |   |  |   |  |
|---|--|---|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>ANNA</b> |  | b. (Middle) <b>DENISE</b>   |  | c. (Last) <b>RANGE</b>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>AUGUST 23, 1952</b>                   |  |
| 5. SEX <b>FEMALE</b>  |  | 6. COLOR OR RACE <b>WHITE</b>   |  | 7. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED (Specify) <b>NEVER MARRIED</b> |  | 8. DATE OF BIRTH <b>MARCH 6, 1952</b>   |  |
| 9. AGE (In years last birthday) <b>XXX</b>                    |  | 10. USUAL OCCUPATION (Give kind of work done during 1 year preceding life, even if retired) |  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>WEST PLAINS, MISSOURI 0</b> |  |
|   |  |   |  |   |  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 13a. FATHER'S NAME <b>WALTER RANGE</b> |  | 13b. MOTHER'S MAIDEN NAME <b>VIVIAN CHRONESTER</b> |  | 14. NAME OF HUSBAND OR WIFE <b>XXX</b> |  |
|--|--|--|--|--|--|

|   |  |                                     |  |   |  |                                    |  |
|---|--|-------------------------------------|--|---|--|------------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> |  | 16. SOCIAL SECURITY NO. <b>NONE</b> |  | 17. INFORMANT'S SIGNATURE OR NAME <b>WALTER RANGE</b> |  | ADDRESS <b>WILLOW SPRINGS, MO.</b> |  |
|---|--|-------------------------------------|--|---|--|------------------------------------|--|

|   |  |   |  |  |  |                                  |  |
|---|--|---|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <b>Pneumonia Broncho</b>   |  |  |  | <b>1d</b>                        |  |
|   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Sepsis?</b>            |  |  |  | <b>2d.</b>                       |  |
|   |  | DUE TO (c)  |  |  |  |                                  |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Toxic encephalitis</b> |  |  |  | <b>1d</b>                        |  |

|                        |  |                                  |  |  |  |   |  |
|------------------------|--|----------------------------------|--|--|--|---|--|
| 19a. DATE OF OPERATION |  | 19b. MAJOR FINDINGS OF OPERATION |  |  |  | 20. AUTOPSY?<br>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 **8-23, 1952**, to **8-23, 1952**, that I last saw the deceased alive on **8-23, 1952**, and that death occurred at **7:35 P.m.**, from the causes and on the date stated above.

|  |  |                                    |  |                                 |  |
|--|--|------------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE (Degree or title) <b>Urban J. Busick MD</b> |  | 23b. ADDRESS <b>Springfield Mo</b> |  | 23c. DATE SIGNED <b>8-23-52</b> |  |
|--|--|------------------------------------|--|---------------------------------|--|

|   |  |                            |  |   |  |  |  |
|---|--|----------------------------|--|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL 0</b> |  | 24b. DATE <b>24 AUG-52</b> |  | 24c. NAME OF CEMETERY OR CREMATORY <b>WILLOW SPRINGS CEM.</b> |  | 24d. LOCATION (City, town, or county) (State) <b>WILLOW SPRINGS, MO.</b> |  |
|---|--|----------------------------|--|---|--|--|--|

|   |  |   |  |   |  |                                 |  |
|---|--|---|--|---|--|---------------------------------|--|
| DATE REC'D BY LOCAL REG. <b>8-25-52</b> |  | REGISTRAR'S SIGNATURE <b>Edith Williamson Registrar</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>H.H. LOHMEYER</b> |  | ADDRESS <b>SPRINGFIELD, MO.</b> |  |
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed James J. Swadley

Licensed Embalmer No. 4815

P. O. Address Langford

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.