

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31361

State File No.

FILED SEP 22 1952

845

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		0396
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St John's Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>1406 South Ave</u>		

3. NAME OF DECEASED (Type or Print) <u>HELEN</u>	a. (First)	b. (Middle) <u>MADISON</u>	c. (Last) <u>WEEKS</u>	4. DATE OF DEATH <u>September 13 1952</u>	DATE (Month) (Day) (Year)
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 15, 1912</u>	9. AGE (In years last birthday) <u>39</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 Hrs. Hours	IF UNDER 1 Hrs. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Savanna, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>(unknown) Madison</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Gaylord D Weeks</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gaylord D Weeks, Springfield, Missouri</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>meningitis, type undetermined</u>					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES	DUE TO (b)	DUE TO (c)		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	<u>Autopsy findings are skull fractures, and a suppurative abscess with the usual shrapnel additional findings as seen.</u>	<u>a suppurative abscess with the usual shrapnel additional findings as seen.</u>			
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 <u>340.3</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 9/12/52, 1952, to 9/13/52, 1952, that I last saw the deceased alive on 9/13/52, 1952, and that death occurred at 4:25 P.m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>Glenn O. Turner, M.D.</u>	23b. ADDRESS <u>Springfield, Mo.</u>	23c. DATE SIGNED <u>9/15/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 15, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>9-16-52</u>	REGISTRAR'S SIGNATURE <u>Edith Wilkinson Registrar</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Schmeizer, Springfield, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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OCT 31 1914

Turner
Prof Bled

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 *Gene E. Hunter*

Licensed Embalmer No. 4739

P. O. Address Springfield, N

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.