

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DR. PICKENS

5526

State File No. \_\_\_\_\_

No. 300  
10.48

FILED FEB 28 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 210

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

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1221 E. WALNUT</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1221 E. WALNUT</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GENEVIEVE</u>		b. (Middle) <u>ULLMANN</u> c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 24, 1953</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAR, 12, 1881</u>
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months Days	
IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>SPRINGFIELD, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>SAMUEL H. HORINE</u>		13b. MOTHER'S MAIDEN NAME <u>CONLON</u>	
14. NAME OF HUSBAND OR WIFE <u>X</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>JANE ULLMANN</u>		ADDRESS <u>SPRINGFIELD, MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>MEDICAL CERTIFICATION</u>		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burns. Waist down burns increased</u>			
ANTECEDENT CAUSES <u>in intensity, charred from</u>		<u>sudden</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
DUE TO (b) <u>hips to pelvis, and left foot</u>			
DUE TO (c) <u>burnt off at ankle.</u>			
II. OTHER SIGNIFICANT CONDITIONS <u>burnt off at ankle.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>133 E9180 110</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield, Greene, MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>2-24-53 11:39 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Burns.</u>			
22. I hereby certify that I attended the deceased from _____ until I last saw the deceased alive on _____ and that death occurred at <u>11:39 A.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Allen Pickens</u>		23b. ADDRESS <u>407 Medical Arts Building</u>	
23c. DATE SIGNED <u>2-25-53</u>			
23d. SIGNATURE <u>Allen Pickens, Coroner</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2/26/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>ST. MARY</u>		24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MO.</u>	
DATE REC'D BY LOCAL REG. <u>2-26-53</u>		REGISTRAR'S SIGNATURE <u>E. W. Williamson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. LOHMEYER</u>		ADDRESS <u>SPRINGFIELD, MO.</u>	

APR 15 1954

**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 \_\_\_\_\_

**THIS BODY WAS NOT EMBALMED. THE BODY  
WAS BURNT BEYOND RECOGNITION.....**

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.