

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

17764

State File No.

FILED MAY 18 1953

BIRTH NO. _____		REG. DIST. NO. <u>128</u>	PRIMARY REG. DIST. NO. <u>5465</u>	Registrar's No. <u>450-B</u>
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
a. COUNTY <u>Greene</u>		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, Rural, North Campbell</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield, Rural, North Campbell</u>		
c. LENGTH OF STAY (In this place) <u>13 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2912 West Olive</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2912 West Olive</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2912 West Olive</u>		
3. NAME OF DECEASED			4. DATE OF DEATH	
a. (First) <u>SUSAN</u>			(Month) (Day) (Year)	
b. (Middle) <u>ALICE</u>			<u>May 5 1953</u>	
c. (Last) <u>OBITZ</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Cau</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>
8. DATE OF BIRTH <u>Aug 19, 1876</u>		9. AGE (In years last birthday) <u>76</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>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Jackboro, Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John H. Kieth</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Lou (?)</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Keith Obitz</u>
				ADDRESS <u>2912 W. Olive City</u>
18. CAUSE OF DEATH		MEDICAL CERTIFICATION		
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probably Coronary Occlusion</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) _____		
		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) (Min.)		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 _____ to _____ and that death occurred at <u>11:30 pm.</u>, from the causes and on the date stated above.				
23a. SIGNATURE <u>Edith Williamson</u>		23b. ADDRESS <u>Greene County Court House Springfield, Missouri</u>		23c. DATE SIGNED <u>5/7/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8 May 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Homer Cemetery</u>
				24d. LOCATION (City, town, or county) (State) <u>Cassville, Missouri</u>
DATE REC'D BY LOCAL REG. <u>5-9-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos. C. Thiem</u>
		Deputy Registrar		ADDRESS <u>1260 Boonville</u>

UNATTENDED BY A PHYSICIAN

4201

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.....

Reph H. Levin

Licensed Embalmer No. *3681*

P. O. Address *Springfield, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.