

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24485

FILED AUG 3 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 899

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Greene</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural N. Campbell</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Rural N. Campbell</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Springfield RFD#6</b>		e. STREET ADDRESS (If rural, give location) <b>Springfield RFD#6</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) <b>BIRTIE</b>		a. (First)		b. (Middle)			
		c. (Last) <b>CHOATE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 29 1953</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>			
8. DATE OF BIRTH <b>31 March 1879</b>		9. AGE (In years last birthday) <b>74</b>		10. IF UNDER 1 YEAR: Days 11. IF UNDER 2 HRS.: Hours 12. IF UNDER 15 MIN.: Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri 0</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Thomas Choate</b>		13b. MOTHER'S MAIDEN NAME <b>Rebecca Bryan</b>			
14. NAME OF HUSBAND OR WIFE <b>Unmarried</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No No</b>		16. SOCIAL SECURITY NO. <b>No</b>			
17. INFORMANT'S SIGNATURE OR NAME <b>Morlia Baker</b>		ADDRESS <b>Rt. 6 Springfield, Mo.</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis, generalized</b> (c) <b>Senility, Cerebralia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>yr.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>				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 <b>10 Oct.</b> , 19 <b>51</b> , to <b>29 July</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>10 Dec.</b> , 19 <b>52</b> , and that death occurred at <b>2:00P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Jennett E. Knott, M.D.</b>				23b. ADDRESS <b>16304 Jefferson</b>		23c. DATE SIGNED <b>29 July 53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-31-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Brighton Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Brighton Missouri</b>	
DATE REC'D BY LOCAL REG. <b>7-30-53</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.W. KLINGNER &amp; CO. Springfield, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 30 1953

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.....  
Signature of Student Embalmer

Signed *Max Rhodes*.....

Licensed Embalmer No. *407*.....

P. O. Address *Spring*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.