

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18609

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 646

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield | | c. CITY OR TOWN Springfield | d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 4 hrs. | | e. STREET ADDRESS (If rural, give location) 722 South Jefferson | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: Burge Hospital | | 6396 | |

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| 3. NAME OF DECEASED (Type or Print) GENEVIEVE T. KILLINGSWORTH | | | 4. DATE OF DEATH (Month) (Day) (Year) July 2, 1954 | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH January 27, 1897 | 9. AGE (In years last birthday) 57 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steno. and Clerk | | 10b. KIND OF BUSINESS OR INDUSTRY Stenographer | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |

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| 13a. FATHER'S NAME John Beahn | 13b. MOTHER'S MAIDEN NAME Jenney Galigar | 14. NAME OF HUSBAND OR WIFE J. Ray Killingsworth |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown | 16. SOCIAL SECURITY NO. Yes | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. Ray Killingsworth Springfield, Mo. |

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| 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, 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) Acute Coronary with Myocardial Infarction | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4201 | 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) 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 July 3, 1954, to July 2, 1954 that I last saw the deceased alive on July 2, 1954, and that death occurred at 2:40 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Deduce or title) Edith Williamson | 23b. ADDRESS Springfield, Mo. | 23c. DATE SIGNED July 3, 1954 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE July 5, 1954 | 24c. NAME OF CEMETERY OR CREMATORY Hazelwood | 24d. LOCATION (City, town, or county) (State) Springfield, Missouri |
| DATE REC'D BY LOCAL REG. 7-6-54 | REGISTRAR'S SIGNATURE Edith Williamson | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lohmeyer-Windle Funeral Service Springfield, Mo. | |

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

Boze
ASDA

AUG 18 1984

AUG 24 1984

AUG 26 1984

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 Jewell E. Windle Jr.

Licensed Embalmer No. 473

P. O. Address 630 S. St. Louis
Springfield, Mo

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.