

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9155

State File No.

FILED MAR 31 1955

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u> c. CITY OR TOWN <u>Waynesville</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville, U</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Waynesville General Hospital</u>		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sophia</u> b. (Middle) <u>Mary</u> c. (Last) <u>Springer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 16, 1955</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>Feb. 1, 1880</u>	9. AGE (In years of last birthday) <u>75</u>	10. IF UNDER 1 YEAR: Hours <u> </u> Min. <u> </u>
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	11. BIRTHPLACE (City and State or Foreign Country) <u>Germany 4</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Elmer Augustus Springer</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>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Hitchcock Hickman</u> ADDRESS <u>Hills 6</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential hypertension</u> 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 <u>331X</u>	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 3-15-, 1955 to 3-16-, 1955, that I last saw the deceased alive on 3-16-, 1955, and that death occurred at 1:15 p.m. from the causes and on the date stated above.

22a. SIGNATURE <u>C Miller M.D.</u> (Degree or title) <u>0</u>	23b. ADDRESS <u>Waynesville, Mo.</u>	23c. DATE SIGNED <u>3-18-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/89/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bloodland</u>
		24d. LOCATION (City, town, or county) (State) <u>Pulaski Co. Mo.</u>

DATE REC'D BY LOCAL REG. <u>3-18-55</u>	REGISTRAR'S SIGNATURE <u>Paula Ann Anderson</u>	458	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Hedges</u>	ADDRESS <u>Hedges Funeral Homes - nc Iberia Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 3-26-55
File Number
Tussock County Health Officer
RECEIVED 3-18-55

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 *Walter Medgen*

Licensed Embalmer No. *4260*
P. O. Address *Heri Ma*

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.