

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23350**

FILED AUG 1 - 1955

BIRTH NO. _____ REG. DIST. NO. 309 PRIMARY REG. DIST. NO. 4000 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PORTAGE</u>		c. LENGTH OF STAY (in this place) <u>34 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PORTAGE</u>		d. STREET ADDRESS (If rural, give location) <u>RR. #1 West ALTON MO.</u>
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH (LIZZIE) E.</u> b. (Middle) <u>SPRINGMAN</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 24 1955</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 8, 1888</u>	9. AGE (In years last birthday) <u>67</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</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 <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>FRED. SCHEURER</u>		13b. MOTHER'S MAIDEN NAME <u>AMELIA HANAGAN</u>		14. NAME OF HUSBAND OR WIFE <u>FRED SPRINGMAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, 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>Fred Springman</u> ADDRESS <u>West Alton, Mo.</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, asthenia, etc. - It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Pancreas</u> INTERVAL BETWEEN ONSET AND DEATH <u>Autopsy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>157X</u>		
19a. DATE OF OPERATION <u>Nov. 1954</u>			19b. MAJOR FINDINGS OF OPERATION <u>Cancer of Pancreas</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (i.e., 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) _____
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 <u>October 1954</u> , to <u>July 24, 1955</u> that I last saw the deceased alive on <u>July 13, 1955</u> , and that death occurred at <u>1:50 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Wm. Williamson</u> (Degree or title) _____			23b. ADDRESS <u>116 Broadway</u>		23c. DATE SIGNED <u>July 25 1955</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-27-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BRIGHTON</u>		24d. LOCATION (City, town, or county) (State) <u>BRIGHTON ILL.</u>	
DATE REC'D BY LOCAL REG. <u>July 29 1955</u>		REGISTRAR'S SIGNATURE <u>W. H. G. Mason</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Johnson</u> ADDRESS <u>603 Henry Alton Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

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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 _____

.....
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed

O. Carson Quinn

Licensed Embalmer No. _____

5796

P. O. Address _____

Alton, Ill.

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.