

FILED AUG 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26708

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No. 193				
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN Carthage		c. LENGTH OF STAY (In this place) 38 yrs.		c. CITY OR TOWN Carthage		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune Brooks Hosptial				STREET ADDRESS (If rural, give location) 828 S. Clinton St.				0493		
3. NAME OF DECEASED (Type or Print) a. (First) Walter			b. (Middle) George		c. (Last) Springer		4. DATE OF DEATH (Month) (Day) (Year) Aug. 7, 1955			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 22, 1883		9. AGE (In years last birthday) 72 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR.: Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printing			10b. KIND OF BUSINESS OR INDUSTRY Printer & Binder			11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Paul Springer			13b. MOTHER'S MAIDEN NAME Georgina Dargatz			14. NAME OF HUSBAND OR WIFE Mary Lowe Springer				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) No 495-36-2892		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Springer					ADDRESS Carthage, Mo.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion with myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular disease DUE TO (c) with hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 4 days 15 years		
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) Carthage		21d. (COUNTY) Jasper		21e. (STATE) Missouri		
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 8-3-1955, to 8-7-1955 that I last saw the deceased alive on 8-7-55, 10:30 a.m., and that death occurred at 11:30 a.m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) _____				23b. ADDRESS 304 Grant Carthage, Mo				23c. DATE SIGNED 8-8-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-9-55		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) Carthage, Missouri (State)				
DATE REC'D BY LOCAL REG. 8-8-55		REGISTRAR'S SIGNATURE E. M. Clinton		139-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home Carthage, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

County of the State of Tennessee
Date Filed AUG 1 7 1955

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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edwin C. Thomas, Jr.*

Licensed Embalmer No...4955

P. O. Address...Carthage,...

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.