

FILED OCT 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 32867  
933  
Registrar's No. 933

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>933</u>			
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>Springfield</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Springfield</b>		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 <b>1307 N. Concord</b>				e. STREET ADDRESS (If rural, give location) <b>1307 N. Concord</b>					
3. NAME OF DECEASED (Type or Print)			a. (First) <b>SAPHRONA</b>		b. (Middle) <b>JANE</b>		c. (Last) <b>ROUNTREE</b>		
4. DATE OF DEATH		(Month) (Day) (Year)		<b>October 26, 1955</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>1 March 1866</b>		9. AGE (In years last birthday) Months Days Hours Min. <b>89</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>In Home</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>William Zongker</b>			13b. MOTHER'S MAIDEN NAME <b>Louisia Keller</b>			14. NAME OF HUSBAND OR WIFE <b>Deceased</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Guy Burkhead 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, athenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Thrombosis of the Anterior artery</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Arteriosclerosis</b> DUE TO (c) <b>332X</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchitis, Chronic</b>						INTERVAL BETWEEN ONSET AND DEATH <b>12 days</b> <b>10 yrs.</b>	
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) (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>Aug 1952</u> , to <u>Oct 26, 1955</u> , that I last saw the deceased alive on <u>Oct 24, 1955</u> , and that death occurred at <u>4:00 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>H. Callaway, Jr. M.D.</b>				23b. ADDRESS <b>1211 S. Glenstone Springfield, Missouri</b>		23c. DATE SIGNED <b>Oct 27, 1955</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-28-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hazelwood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>10-27-55</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. King &amp; Co. Inc.</b>		ADDRESS <b>Springfield, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

**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..... *Ogle Stone Jr.*

Licensed Embalmer No. *47*

P. O. Address *Spring*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.