

DR KLINGNER

FILED DEC 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41164

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1123

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, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 649 W. HIGH			Length of stay in lb LIFE			d. STREET ADDRESS 649 W. HIGH ST. (If outside, give location)	
3. NAME OF DECEASED (Type or print)		First NORMA		Middle E.		Last MACK	
4. DATE OF DEATH DEC, 8, 1956		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH JUNE, 22, 1871		9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME			10b. KIND OF BUSINESS OR INDUSTRY HOME			11. BIRTHPLACE (City and state or country) ELDORADO SPRINGS, MO	
12. CITIZEN OF WHAT COUNTRY? U. S. A.				13. FATHER'S NAME H. J. DUTTON			
14. MOTHER'S MAIDEN NAME UNKNOWN				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO NONE		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT MRS. R. E. HELFRECHT				Address SPRINGFIELD, MO			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis DUE TO (c) H20.1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH 12 hrs
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from 7-3-1953 to 12-8-56 and last saw her/him alive on 12-8-56. Death occurred at 5:30A on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) D. M. Klingner M.D.				22b. ADDRESS 1630 N. Jefferson, Springfield		22c. DATE SIGNED 12-8-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12/11/56	23c. NAME OF CEMETERY OR CREMATORY HAZELWOOD CEMETERY		23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI		
24. FUNERAL DIRECTOR HERMAN LOHMEYER			ADDRESS SPRINGFIELD, MO		25. DATE RECD. BY LOCAL REG. 12-10-56		26. REGISTRAR'S SIGNATURE Frank Williams

(Licensed Embalmer's Statement on Reverse Side)

APR 10 1958

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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 *Gene Lehman*

Licensed Embalmer No. *47*

P. O. Address *Spfld.*

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