

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3679**

FILED MAR 1 1957

BIRTH NO. _____ REG. DIST. NO. **25** PRIMARY REG. DIST. NO. **L36** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY Bates			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Linn		
b. CITY (If outside corporate limits, write RURAL and give township) Rich Hill		c. LENGTH OF STAY (In this place) 7 weeks	c. CITY OR TOWN Pleasanton		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Day Home - Walnut St.			e. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) Adam b. (Middle) McMay c. (Last) Springer			4. DATE OF DEATH (Month) (Day) (Year) Feb 21 1957		
---	--	--	---	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Feb. 15, 1870	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months	IF UNDER 2 WKS. Days	Hours	Min.
-----------------------	----------------------------------	--	--	--	---------------------------	-------------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Chillicothe, Ohio	12. CITIZEN OF WHAT COUNTRY? USA
--	-----------------------------------	--	--

13a. FATHER'S NAME Henry Springer	13b. MOTHER'S MAIDEN NAME MADORA SIEGLER	14. NAME OF HUSBAND OR WIFE deceased Nancy Rebecca Springer
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Leslie Springer	ADDRESS
---	--	---	---------

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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure		INTERVAL BETWEEN ONSET AND DEATH 8 Hrs.
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Carcinoma of trachea	
		DUE TO (b)	
		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 162x	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) Pleasanton Linn Kansas
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from **Feb 2**, 19**57**, to **Feb 21**, 19**57**, that I last saw the deceased alive on **Feb 21**, 19**57**, and that death occurred at **12:06 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas J. Boyd D.O.	23b. ADDRESS Koch Hill, Mo.	23c. DATE SIGNED 2-21-57
--	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Feb 23 1957	24c. NAME OF CEMETERY OR CREMATORY Pleasanton	24d. LOCATION (City, town, or county) (State) Pleasanton Linn Kansas
--	---------------------------------	---	--

DATE REC'D BY LOCAL REG. 2-27-1957	REGISTRAR'S SIGNATURE Mrs. Eann Douglas	25. FUNERAL DIRECTOR'S SIGNATURE TORNEDEN FUNERAL HOME	ADDRESS PLEASANTON KANSAS
--	---	--	-------------------------------------

(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, ~~XXXX~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Earl A. Jensen*

Licensed Embalmer No..... 3587

P. O. Address... Pleasanton..

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.