

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5017
STATE FILE NUMBER

FILED MAR 13 1957

895

Registration District No. 199 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp.			Length of stay in lb 10 yrs		d. STREET ADDRESS 3321 Agnes		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EARL Middle TRACY Last SPRINGER				4. DATE OF DEATH Month 2 Day 23 Year 57			
5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 6-3-1891		9. AGE (In years last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Storekeeper		10b. KIND OF BUSINESS OR INDUSTRY Aviation Corp		11. BIRTHPLACE (City and state or country) Mound City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Wm. H. Springer				14. MOTHER'S MAIDEN NAME Frances Kinney			
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. 497-12-1389		17. INFORMANT Address Lille M. Springer, 3321 Agnes			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Broncho-pneumonia</i> DUE TO (b) <i>Post operator's Convulsion</i> DUE TO (c) <i>Old lung</i> 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 <i>2 days</i> <i>2 yrs</i> <i>103X</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>✓</i>					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>✓</i>					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <i>3/21/55</i> to <i>2/23/57</i> and last saw <i>him</i> alive on <i>2/23/57</i> . Death occurred at <i>11:25 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree of title) <i>W. W. Buckingham M.D.</i>				22b. ADDRESS <i>3147 W. Bluff</i>		22c. DATE SIGNED <i>2/25/57</i>	
23a. BURIAL, CREMATION, REMOVAL <i>Removal</i>		23b. DATE <i>2-25-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Maple Grove Cem.</i>		23d. LOCATION (City, town, or county) (State) <i>Oregon, Mo.</i>		
24. FUNERAL DIRECTOR ADDRESS <i>Wagner Funeral Home, K 6 Mo</i>			25. DATE RECD. BY LOCAL REG. <i>2-25-57</i>		26. REGISTRAR'S SIGNATURE <i>neva munsell</i>		

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
W. W. Buckingham

MEDICAL CERTIFICATION

NA 1-5985
2:00 P.M.

APR 24 1957

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 *Alvin R. Hansen*

Licensed Embalmer No. 4

P. O. Address K.C.

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.