

FILED AUG 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **28152**

BIRTH NO.		REG. DIST. NO. 139		PRIMARY REG. DIST. NO. 5536		Registrar's No. 57			
1. PLACE OF DEATH a. COUNTY Holt				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Holt	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oregon (Rural) Lewis Twp.		c. LENGTH OF STAY (in this place) 10 Min.		c. CITY OR TOWN Oregon		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				e. STREET ADDRESS (If rural, give location) 0440					
3. NAME OF DECEASED (Type or Print) a. (First) Chester			b. (Middle) Arthur			c. (Last) Springer			
4. DATE OF DEATH (Month) (Day) (Year) August 14 1957			5. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
8. DATE OF BIRTH May 17 1889		9. AGE (in years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		11. BIRTHPLACE (City and State or Foreign Country) Chase Co., Nebraska		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jeff Springer			13b. MOTHER'S MAIDEN NAME Sarah Forney			14. NAME OF HUSBAND OR WIFE Bessie 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. 493-18-3998-A		17. INFORMANT'S SIGNATURE OR NAME Mrs Bessie Springer				ADDRESS Oregon, Missouri	
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				INTERVAL BETWEEN ONSET AND DEATH INSTANT	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201						20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NI		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) 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 No , 19____, to No , 19____, that I last saw the deceased alive on No , 19____, and that death occurred at 2:54 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE H. G. Collins (D.O.)				23b. ADDRESS Coroner Holt		23c. DATE SIGNED 8/16/57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 16, 1957		24c. NAME OF CEMETERY OR CREMATORY Oregon		24d. LOCATION (City, town, or county) (State) Oregon, Missouri			
DATE REC'D BY LOCAL REG. 8/16/1957		REGISTRAR'S SIGNATURE James H. Crawford			25. FUNERAL DIRECTOR'S SIGNATURE James H. Crawford				ADDRESS Mound City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 6 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 *James H. Crawford*

Licensed Embalmer No. *479*
P. O. Address *Round C...*

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.