

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 13 1961

53

Primary Registration District No. 3010

92

-61-002921

STATE FILE NUMBER

Registration District No. 53 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>				2. USUAL RESIDENCE (Where deceased lived. Institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Scott</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Cape Girardeau</i>		Length of stay in 1b <i>23 days</i>		c. CITY OR TOWN <i>Scott City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>S.E. Mo Hosp</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>EMMA</i> Middle <i>ELIZABETH</i> Last <i>SPRINGER</i>				4. DATE OF DEATH Month <i>March</i> Day <i>6</i> Year <i>1961</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>July 10, 1897</i>	9. AGE (last birthday) <i>63</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i>	IF UNDER 24 HR Hours <i>0</i> Min. <i>0</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Kelso, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
13a. FATHER'S NAME <i>Martin Sander</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Heel</i>			14. NAME OF HUSBAND OR WIFE <i>Ered Springer</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Mrs Ivan Klyphant</i>			Address <i>Scott City, Mo</i>
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>Myocardial infarction</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Coronary thrombosis</i> DUE TO (c) <i>Arteriosclerotic heart disease</i>						INTERVAL BETWEEN ONSET AND DEATH <i>3 Weeks</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 <i>7:54</i> Month, Day, Year <i>2-11-61</i>		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 <i>Illmo, Mo</i>	
20g. COUNTY		20h. STATE					
21. I attended the deceased from <i>2-11-61</i> to <i>3-6-61</i> and last saw her/him alive on <i>3-5-61</i> Death occurred at <i>7:54</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Marshall June MD</i>				22b. ADDRESS <i>Illmo, Mo</i>		22c. DATE SIGNED <i>3-7-61</i>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>3/8/61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lightner Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Illmo, Missouri</i>		
24. FUNERAL DIRECTOR <i>BISPLINGHOFF FUNERAL HOME</i>			ADDRESS <i>Illmo, Mo</i>	25. DATE RECD. BY LOCAL REG. <i>3-9-61</i>		26. REGISTRAR'S SIGNATURE <i>Drew Kasten</i>	

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ BY AFFIDAVIT OF

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 *Oliver Kinnick*

Licensed Embalmer No. 4470

P. O. Address *Illinois, Mo*

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.