

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14003**

1030  
1

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

BIRTH NO. _____		REG. DIST. NO. <u>391</u>		PRIMARY REG. DIST. NO. <u>6153</u>		Registrar's No. <u>2</u>			
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>rural Pike</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>rural 1030 Pike</u>		d. STREET ADDRESS (If rural, give location) <u>Bell City, Mo. R-1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bell City, Mo. R-1</u>				d. STREET ADDRESS (If rural, give location) <u>Bell City, Mo. R-1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u>		b. (Middle) _____		c. (Last) <u>SPRINGER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 26, 1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 15, 1866</u>			
9. AGE (In years last birthday) <u>84</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 18 HRS. Hours _____ Min. _____		9. AGE (In years last birthday) <u>84</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				13a. FATHER'S NAME <u>Not Known</u>					
13b. MOTHER'S MAIDEN NAME <u>Not Known</u>		14. NAME OF HUSBAND OR WIFE <u>Fattie Springer</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>					
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fattie Springer</u>				ADDRESS <u>Bell City, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>14 Days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				ANTECEDENT CAUSES <u>Senility</u>				DUE TO (b) _____	
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				331V	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		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) (Min.) _____			
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 <u>10 Nov, 1950</u> , to <u>24 Nov, 1950</u> , that I last saw the deceased alive on <u>21 Nov, 1950</u> , and that death occurred at <u>7:35 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>D. McNeill, M.D.</u>				23b. ADDRESS <u>Bellevue, Mo.</u>		23c. DATE SIGNED <u>29 Nov 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 29, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellevue Rest Cem. Near Bell City, Mo.</u>		24d. LOCATION (City, town, or county) (State) _____			
DATE REC'D BY LOCAL REG. <u>1-14-51</u>		REGISTRAR'S SIGNATURE <u>Benjamin McNeill</u>		360		5. FUNERAL DIRECTOR'S SIGNATURE <u>Edw. S. Morgan</u>			
_____		_____		_____		ADDRESS <u>Bellevue, Mo.</u>			

RECEIVED

APR 14 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

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, ~~and~~ by \_\_\_\_\_

*William H. Mayan*

working under my personal supervision.

Student Embalmer No. ....

Signed *William H. Mayan*

Signed .....  
Student Embalmer

Licensed Embalmer No. *4640*

P. O. Address *Adams, 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 this body is not embalmed, fact should be so stated above.