

FILED OCT 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33195

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>867</u>		
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		<u>1396</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>427 S. NETTLETON</u>				d. STREET ADDRESS (If rural, give location) <u>427 S. NETTLETON</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>NANCY</u>		b. (Middle) <u>E.</u>		c. (Last) <u>CAVNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 9 1951</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>OCT. 2 1872</u>		
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months		IF UNDER 1 HRS. Hours		Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>IN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>TIM CAVNER</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA FUGGITT</u>		14. NAME OF HUSBAND OR WIFE <u>T. L. CAVNER (DECEASED)</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>   <u>no</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HENRY CAVNER SPRINGFIELD</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombus</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u>  DUE TO (c) <u>Hypertension</u>  II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>  <u>5 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)				
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>Mar 1</u> , 19 <u>45</u> , to <u>Oct 9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Oct 9</u> , 19 <u>51</u> , and that death occurred at <u>2:40 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Andrew Hunt, D.O.</u>				23b. ADDRESS <u>Woodruff Bldg</u>		23c. DATE SIGNED <u>10-10-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Oct. 12, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FRAZIER CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>WEST OF NIXA MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>10-10-51</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>J.W. Klingner</u>		ADDRESS <u>700 S. R.</u>		

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

1396

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**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 .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.