

5. No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24225**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5466** Registrar's No. **698**

1396  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Greene</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural S. Campbell Twp</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>	
c. LENGTH OF STAY (in this place) <b>3 hours</b>		d. STREET ADDRESS (If rural, give location) <b>1814 N. Hampton Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Springfield R.F.D. #7</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>LEONIDAS</b> b. (Middle) <b>GILBERT</b> c. (Last) <b>MASNER</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>July 22, 1952</b>		
<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>never married</b>	
<b>8. DATE OF BIRTH</b> <b>4 July, 1936</b>		<b>9. AGE</b> (In years last birthday) <b>16</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Student</b>	
<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Jr. High School</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Elkland, Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	

<b>13a. FATHER'S NAME</b> <b>Zean W. Masner</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Jewell Vance</b>		<b>14. NAME OF HUSBAND OR WIFE</b> -----	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>491-38-5889</b>		<b>17. INFORMANT'S SIGNATURE AND NAME</b> <b>Zean W. Masner, 1814 N. Hampton Ave., Springfield, Mo.</b>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Suffocation by drowning.</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b> _____ <b>DUE TO (c)</b> _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>E9298</b> <b>42</b>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>139</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>Accident</b>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., sea) <b>abandoned quarry (rock)</b>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>Springfield, Greene, Missouri</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>July 22, 1952 6P</b>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>Playing in water</b>
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22. I hereby certify that I attended the deceased person and that death occurred at **1:12 P.m.**, from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <b>Dr. E. Allen Fiddens, Coroner</b>	<b>23b. ADDRESS</b> <b>407 Medical Arts Bg.</b>	<b>23c. DATE SIGNED</b> <b>7-23-52</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>26 July 1952</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>East Lawn Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Springfield, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>7-26-52</b>	<b>REGISTRAR'S SIGNATURE</b> <i>East Williamson Registrar</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Frank C. Thiem</i>	<b>ADDRESS</b> <i>Springfield, Missouri</i>
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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

*Ralph H. Florence*

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri

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.