S. No. 200
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42050

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1126

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: ~~XXXXXX~~ Polk
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brighton ORD
d. STREET ADDRESS (If rural, give location): Brighton

3. NAME OF DECEASED (Type or Print)
a. (First): KATE
b. (Middle):
c. (Last): WEBER

4. DATE OF DEATH (Month) (Day) (Year): December 16 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 11 Jan. 1864
9. AGE (In years last birthday): 88 | If under 1 year: Months | Days | If under 1 hr.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: In Home
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Fritz Littlemeyer
13b. MOTHER'S MAIDEN NAME: Dora Kertz
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Frank Gabriel
ADDRESS: Brighton, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Renal - Vascular Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
442X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-15, 1952, *to* 12-16, 1952, *that I last saw the deceased alive on* 12-15, 1952, *and that death occurred at* 7:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD.
23b. ADDRESS: Springfield Mo
23c. DATE SIGNED: 12-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-18-52
24c. NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery
24d. LOCATION (City, town, or county) (State): Springfield Mo.

DATE REC'D BY LOCAL REG.: 12/19/52
REGISTRAR'S SIGNATURE: Edith Williamson, Dep. Reg
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: J.W. KLINGNER & CO. SPRINGFIELD, MO.

(Licensed Embalmer's Statement on Reverse Side)

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. 401

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.